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No. 81

House of Representatives

The House met at 2 p.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Margaret Grun Kibben, offered the following prayer:

Almighty God, You have called us, and we are Yours. We pray this day that our lawmakers would respond to this calling with worthiness, keenly aware of the privilege that it is You who have sent them into the leadership of this country.

May they receive this mantle of responsibility with all humility, gentleness, and patience. May they demonstrate eagerness to maintain the unity of the spirit who binds this body together in peace, bearing with all others around them, in the manner of unconditional love You Yourself have revealed to Your sons and daughters.

Help us each to live into the occupations to which You have called us. In living out the lives You have given us and in interacting with those into whose company You have brought us, may we build one another up in faith and love. May words of truth and not evil spill from our mouths.

When we are angry, keep us from sinning one against the other. As Members of one body, may we show grace in our encounters and, when necessary, offer forgiveness even as You, in Your divine mercy, have forgiven us.

It is in Your merciful name we pray.
Amen.

THE JOURNAL

The SPEAKER. Pursuant to section 11(a) of House Resolution 188, the Journal of the last day's proceedings is approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Louisiana (Mr. GRAVES) come forward and lead the House in the Pledge of Allegiance.

ward and lead the House in the Pledge of Allegiance.

Mr. GRAVES of Louisiana led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will take this occasion to update her policies of January 4, 2021, and December 15, 2020, regarding the requirement to wear masks in the Hall of the House during the coronavirus crisis.

Consistent with updated guidance from the Office of Attending Physician, the Chair wishes to inform Members that while masks continue to be required in the Hall of the House, Members are permitted to remove their masks temporarily while under recognition. To be clear, Members and staff must wear masks in the Hall of the House at all times except that a Member may remove their mask when recognized by the Chair. In addition, Members presiding as Chair may remove their masks when speaking.

This announcement is incorporated within the policy on conduct during a covered period of January 4, 2021, and the Sergeant-at-Arms is directed to enforce mask requirements consistent with this announcement.

The Chair appreciates the continued attention of all Members and staff to these health and safety protocols.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 6, 2021.

Hon. NANCY PELOSI,
The Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: I have the honor to transmit herewith a copy of the Certificate of Election received from the Honorable John Bel Edwards, the Governor of Louisiana, and the Honorable R. Kyle Ardoin, the Secretary of State of Louisiana, indicating that, at the Special Election held April 24, 2021, the Honorable Troy A. Carter was elected Representative to Congress for the Second Congressional District, State of Louisiana.

With best wishes, I am,
Sincerely,

CHERYL L. JOHNSON.

SWEARING IN OF THE HONORABLE TROY CARTER, OF LOUISIANA, AS A MEMBER OF THE HOUSE

The SPEAKER. Will Representative-elect CARTER and Members of the Louisiana delegation present themselves in the well.

All Members will rise and the Representative-elect will please raise his right hand.

Mr. CARTER of Louisiana appeared at the bar of the House and took the oath of office, as follows:

Do you solemnly swear that you will support and defend the Constitution of the United States against all enemies, foreign and domestic; that you will bear true faith and allegiance to the same; that you take this obligation freely, without any mental reservation or purpose of evasion; and that you will well and faithfully discharge the duties of the office on which you are about to enter, so help you God.

The SPEAKER. Congratulations. You are now a Member of the 117th Congress.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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H2157

WELCOMING THE HONORABLE TROY CARTER OF LOUISIANA TO THE HOUSE OF REPRESENTATIVES

The SPEAKER. Without objection, the gentleman from Louisiana (Mr. SCALISE) is recognized for 1 minute.

There was no objection.

Mr. SCALISE. Madam Speaker, it is with great honor on behalf of the entire Louisiana delegation that we welcome TROY CARTER into the congressional delegation. Of course, for TROY, this is not his first time in public service. In fact, he has committed his life to public service. He served in the State legislature in the House of Representatives, then served multiple terms on the New Orleans City Council, and then went back to the State legislature serving as a senator. In fact, until last week, he served with distinction in the Louisiana State Senate.

He is replacing, of course, our dear former colleague, Cedric Richmond, and we are proud to see Cedric make his way down Pennsylvania Avenue to come over here to the House to be a part of this special ceremony.

Speaking on behalf of the entire Louisiana delegation, Madam Speaker, we look forward to continuing that great tradition as Republicans and Democrats working together for the best interests of our great State of Louisiana as well as for the Nation.

We welcome TROY CARTER to the delegation and to the United States Congress.

Madam Speaker, I yield to Congressman TROY CARTER.

Mr. CARTER of Louisiana. Madam Speaker, I thank Mr. SCALISE for his very kind words and wonderful introduction.

First, a very special thanks to my wife, Ana, who is behind me, my children, my family, my team, my friends, and all of my amazing supporters. No one runs for office alone, and they were all there with me every step of the way from the very beginning.

To God be the glory. From the Cut Off to the Congress, God is amazing.

My mother, who could not be with us here today, Pastor Eartha Fleming Carter, taught her children the importance of public service. I promise I will never forget those lessons. I will continue to listen to the concerns, the hopes, and the dreams of my district. I will work for and be the voice of the people.

Worldwide, my district is known for Mardi Gras, great food, our amazing culture bearers, and as the birthplace of jazz. Just as importantly, it has 3 of the top 10 ports in the U.S., a vibrant manufacturing base, renowned universities, rich agricultural production, and we are the gateway to space through the Michoud Assembly Facility in eastern New Orleans.

My district also has a lot of needs: COVID recovery, economic development, infrastructure investment, criminal justice reform, environmental justice, and education, to name a few.

I am here to serve my district, and I believe we can help all of our people reach their full potential.

I commit to working with everyone in the Congress and the White House to address those needs and to stand strong when those needs are not being addressed.

I am honored to have been given this opportunity to serve, and I will do so with every fiber of my very being.

I always seek God's guidance, and I will continue to do that as I serve the people of Louisiana and this great country. I will lead with honor and integrity.

May God continue to bless Louisiana and these United States of America.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. Under clause 5(d) of rule XX, the Chair announces to the House that, in light of the administration of the oath of office to the gentleman from Louisiana (Mr. CARTER) the whole number of the House is 431.

SUPPORTING OUR HEROES

(Mr. BERA asked and was given permission to address the House for 1 minute.)

Mr. BERA. Madam Speaker, today we will be considering the Helping Emergency Responders Overcome Act, or the HERO Act.

This has been an unprecedented time of stress and pressure on our first responders: firefighters, police officers, and our frontline healthcare workers. This is a no-nonsense bill that will provide necessary resources to understand first responder suicide and pressure, but also to provide grants to provide peer-to-peer conversation and proactive reaching out to these first responders who are our heroes.

So, again, I urge all my colleagues to pass this bill unanimously. It has passed previously. It will make a difference, and it will help save lives and help treat these heroes as they have taken care of us.

NATIONAL POLICE WEEK

(Mr. JOYCE of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOYCE of Pennsylvania. Madam Speaker, during National Police Week, it is my honor to pay tribute to all of the men and women who put their lives on the line to serve and protect all of our communities.

In Pennsylvania and around the country, including here in Congress, dedicated law enforcement officers show up for work every day and quietly do the job that we have entrusted to them. They uphold the law, they promote safety, and, most importantly, they preserve human life.

Far too often these officers, unfortunately, do not come home. Today I ask

that the American people join me in remembering our Nation's fallen police officers and honoring their service and their sacrifice.

More than a profession, law enforcement is truly a calling. Whether on the streets of Pennsylvania, on our borders, or across our great Nation, I thank our law enforcement officers for answering the call to serve the American people.

□ 1415

CHILD TAX CREDIT IN AMERICAN RESCUE PLAN

(Ms. SCANLON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCANLON. Mr. Speaker, I rise today to talk about the exciting new child tax credit that is part of the American Rescue Plan. I know the words "exciting" and "tax credit" don't usually belong in the same sentence, but this is different.

With the child tax credit, families with children under the age of 17 will receive \$250 per child per month and \$300 per month for kids under 6. These monthly payments can help cover everyday child-rearing expenses—things like food, diapers, or shoes for the teenager who outgrows his every 6 weeks.

More than 119,000 children in my district will benefit from the new child tax credit, including thousands of children who will be lifted out of deep poverty.

Let's be clear: The child tax credit is a special refundable tax credit, so even families who don't earn enough to pay taxes will get the automatic payment. But it is important to file a tax return before the May 17 deadline so you can begin receiving payments as soon as possible.

I look forward to making the child tax credit permanent.

HONORING THE SERVICE OF EILEEN UCEKAY

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Mr. Speaker, it is a tremendous honor for me to recognize Eileen Ucekay, a hardworking and outstanding constituent of the 22nd Congressional District in New York. She retired on May 9 of this year after working 45 years as the village clerk and treasurer of West Winfield.

Eileen hails from the nearby city of Utica, where she grew up with her two sisters and attended high school there before moving to West Winfield.

Eileen married her late husband, Jack, and had three wonderful children in our community, all while continuing to work for the village.

In addition to her many decades of public service, Eileen serves the West Winfield community through her

church, the Greater West Winfield Historical Society, the Red Cross, and the Red Hat Society.

She is truly a role model for all. Her remarkable life, strong character, and deep dedication to public service have gained her the respect of everyone in our community.

We are grateful for Eileen Ucekay's service and her compassion for our community.

RECOGNIZING NATIONAL POLICE WEEK

(Mr. PFLUGER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PFLUGER. Madam Speaker, this week is National Police Week. It is a time to honor the sacrifice and service our men and women in blue make every single day to protect our neighbors and our loved ones.

In my district today, unfortunately, we are off to a very sobering start. Last night, two Concho County officers were shot and killed in the line of duty. These officers died protecting their community to the very end, defending the freedoms, values, and safety our country holds so dear.

Though we are unable to thank them personally for their sacrifice, we will never stop honoring their legacy, the legacy of service and selflessness.

I would like to extend my deepest condolences to their families, friends, colleagues, and community members who are affected by this enormous tragedy and remind all of us of the danger that law enforcement officers put themselves in every single day, willingly, to help our communities.

It is time that we stand up and honor them, and thank them for what they do. As a country, I request that we all keep our law enforcement officers in our hearts, our thoughts, and our prayers and that we thank them for what they do.

HONORING LAW ENFORCEMENT

(Mr. BURCHETT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURCHETT. Madam Speaker, this week is National Police Week, and I rise to honor the brave men and women of law enforcement who gave their lives to protect our communities.

In 1962, National Police Week was established by President John F. Kennedy, a Democrat. But back then, honoring our fallen officers was a bipartisan issue, Madam Speaker. Today, many Democrats are so set on demonizing law enforcement they won't even use this week to honor those lives that have been lost in the line of duty. It is a shame that supporting law enforcement has become such a political non-starter for my colleagues across the aisle.

Police officers in our communities are cracking down on gangs, getting

drugs off the streets, and stopping crime before it happens. They are keeping all of us safe and deserve to know those who made the ultimate sacrifice will never be forgotten and will always be honored.

Law enforcement, particularly our local sheriff's offices and police departments in Tennessee's Second Congressional District, will always have my gratitude for the great work they do to keep us safe from bad folks.

RECOGNIZING NATIONAL CHARTER SCHOOL WEEK

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Madam Speaker, I rise today in recognition of National Charter School Week. This week, we honor the hope that charter schools deliver to millions of students nationwide, and we are reminded that education is about students, not politics. One such example is Piedmont Community Charter School in North Carolina's Fifth District.

Regardless of ZIP Code, all American families deserve to decide, free of government interference, which learning environment best suits their child's strengths.

For 30 years, charter schools have prepared underserved students for life-long success. Charter school alumni graduate from college at two to four times the national average for low-income families.

While Democrats dictate one-size-fits-all education requirements, Republicans are fighting to offer educational freedom and choice. Charter schools offer students from every walk of life the opportunity to learn in an environment that works for them so they can develop tools to thrive.

HONORING THE LIFE AND SERVICE OF SERGEANT GERALD DIXON

(Mrs. BICE of Oklahoma asked and was given permission to address the House for 1 minute.)

Mrs. BICE of Oklahoma. Madam Speaker, I rise today to honor the life and service of Sergeant Gerald Dixon of the Edmond Police Department.

Sergeant Dixon has faithfully served our community for 32 years, 13 of which he spent as a school resource officer.

In his time as an SRO, Sergeant Dixon has had a long-lasting impact on countless students in Edmond. Years after graduating, students still recall how much his presence meant to them. Looked up to as a great man and a fixture of school, Sergeant Dixon's commitment to his community is evident.

Not only has Sergeant Dixon's presence helped make school a safe place, but his leadership, warm spirit, and love for his job also made students comfortable. They confided their struggles in him, shared countless experiences, and are better off from having Sergeant Dixon serve in their school.

Madam Speaker, Sergeant Dixon has dedicated his life to the community and made countless sacrifices to ensure the safety of our students and the public at large. I am truly honored and humbled to recognize Mr. Dixon, and I am grateful for his service and the legacy he leaves behind. I wish him all the best in his well-deserved retirement.

MESSAGES FROM THE PRESIDENT

Messages in writing from the President of the United States were communicated to the House by Ms. Kaitlyn Roberts, one of his secretaries.

RESIGNATION AS MEMBER OF COMMITTEE ON SMALL BUSINESS

The SPEAKER pro tempore (Ms. SCANLON) laid before the House the following resignation as a member of the Committee on Small Business:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 11, 2021.

Hon. NANCY PELOSI,
Speaker of the House, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI: I am writing to inform the House of Representatives that I am resigning my seat on the House Small Business Committee.

Sincerely,

SCOTT H. PETERS,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted. There was no objection.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 11, 2021.

Hon. NANCY PELOSI,
The Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on May 11, 2021, at 11:40 a.m.:

Appointments:
Member of the Advisory Committee on the Records of Congress.

With best wishes, I am,

Sincerely,

CHERYL L. JOHNSON,
Clerk.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

FAMILY SUPPORT SERVICES FOR ADDICTION ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 433) to establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 433

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Family Support Services for Addiction Act of 2021”.

SEC. 2. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 553. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

“(a) DEFINITIONS.—In this section—

“(1) the term ‘family community organization’ means an independent nonprofit organization that—

“(A) mobilizes resources within and outside of the community of families with individuals living with addiction, to provide a support network, education, and evidence-informed tools for families and loved ones of individuals struggling with substance use disorders; and

“(B) is governed by experts in the field of addiction, which may include—

“(i) experts in evidence-informed interventions for family members;

“(ii) experts in the impact of addiction on family systems;

“(iii) families who have experience with substance use disorders and addiction; and

“(iv) other experts in the field of addiction; and

“(2) the term ‘family support services’ means resources or programs that support families that include an individual with substance use disorder.

“(b) GRANTS AUTHORIZED.—The Secretary shall award grants to family community organizations to enable such organizations to develop, expand, and enhance evidence-informed family support services.

“(c) FEDERAL SHARE.—The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

“(d) USE OF FUNDS.—Grants awarded under subsection (b)—

“(1) shall be used to develop, expand, and enhance community and statewide evidence-informed family support services; and

“(2) may be used to—

“(A) build connections between family support networks, including providing technical assistance between family community organizations and peer support networks, and with other family support services, focused on enhancing knowledge of evidence-informed interventions for family members and loved ones of individuals living with substance use disorders and reducing harm by educating service providers on current evidence regarding addiction and the family, including—

“(i) behavioral health providers, including such providers focused specifically on family and couples therapy in the context of addiction;

“(ii) primary care providers;

“(iii) providers of foster care services or support services for grandparents, guardians,

and other extended family impacted by addiction; and

“(iv) other family support services that connect to community resources for individuals with substance use disorders, including non-clinical community services;

“(B) reduce stigma associated with the family of individuals with substance use disorders by improving knowledge about addiction and its treatment, providing compassionate support, and dispelling myths that perpetuate such stigma;

“(C) conduct outreach on issues relating to substance use disorders and family support, which may include education, training, and resources with respect to—

“(i) building a resilience- and strengths-based approach to prevention of, and living with, addiction in the family;

“(ii) identifying the signs of substance use disorder;

“(iii) adopting an approach that minimizes harm to all family members; and

“(iv) families of individuals with a substance use disorder, including with respect to—

“(I) navigating the treatment and recovery systems;

“(II) paying for addiction treatment;

“(III) education about substance use disorder; and

“(IV) avoiding predatory treatment programs; and

“(D) connect families to evidence-informed peer support programs.

“(e) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period, the entity shall submit data, as appropriate and to the extent practicable, to the Secretary regarding—

“(1) the programs and activities funded by the grant;

“(2) health outcomes of the population of individuals with a substance use disorder who received services through programs supported by the grant, as evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary; and

“(3) any other information that the secretary may require for the purpose of ensuring that the grant recipient is complying with all the requirements of the grant.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2022 through 2026.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 433.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 433, the Family Support Services for Addiction Act of 2021.

Addiction and substance use disorder are complex, yet diagnosable, treatable diseases. Families can play a significant role in helping an individual find treatment. Yet, there isn't a one-size-fits-all approach to making sure that loved ones receive the care they need and deserve. This, of course, can be a challenge to more than just the individual; it is a challenge to families as well.

Madam Speaker, families across the United States are doing all they can to seek care for those they love. In fact, data from the Substance Abuse and Mental Health Services Administration reminds us that nearly 20 million Americans live with a substance use disorder. Unfortunately, only a fraction of those Americans receives treatment.

H.R. 433, the Family Support Services for Addiction Act, builds upon congressional efforts, such as the Comprehensive Addiction and Recovery Act, the 21st Century Cures Act, and the SUPPORT for Patients and Communities Act, to help close the treatment gap and get Americans on the road to recovery.

Part of paving a smooth road to recovery is providing evidence-based guidance for families and connecting them with other community support systems, which can dramatically influence an individual's trajectory. That is exactly what this bill sets out to do.

The bill would authorize the Secretary of Health and Human Services to award grants to family community organizations that would work to develop, expand, and enhance evidence-based family support services. These family community organizations would be able to use these grants to reduce stigma around substance use disorder and build connections between families and providers, and foster care services and other peer support services.

I commend the lead sponsors of this legislation, Representatives TRONE and MEUSER, and their staff, for advocating for additional support for families.

I urge my colleagues to support this legislation. I hope the Senate will act on it swiftly.

Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 433, the Family Support Services for Addiction Act of 2021, which was introduced by Representatives TRONE and MEUSER.

This legislation would establish a grant program for family community organizations that provide evidence-informed and family-based approaches to substance use and addiction management.

Family-based approaches have a record of success in substance use disorder recovery when compared with individual approaches, as they address several psychosocial dimensions of addiction and strengthen support networks for affected individuals.

This legislation would support family community organizations committed to pursuing evidence-driven interventions for substance use disorder, reducing the stigma of addiction and strengthening both families and communities through recovery.

I would like to thank Representatives TRONE and MEUSER for the hard work that they have done to put together and to bring this important bill to the floor.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. TRONE), the author of this bill.

Mr. TRONE. Madam Speaker, I rise today to urge a “yes” vote on H.R. 433, the Family Support Services and Addiction Services Act.

I introduced this bill with my friend and fellow businessman, DAN MEUSER, in order to show our support for the millions of families that are struggling to help their loved ones suffering from addiction.

□ 1430

In 2016, my nephew Ian lost his life to an overdose after years of struggling with addiction. But he didn’t fight this battle alone. My wife and I were with him every step of the way, working to support his recovery efforts. Getting him the help he needed was hard for us to do, even with the resources we had at our disposal.

Our story is not unique. For most families, it is nearly impossible to navigate our behavioral healthcare system, and COVID-19 has made it even harder.

While our country faced an addiction crisis prior to COVID-19, the pandemic has made this crisis a five-alarm fire. Last year, more Americans died from drug overdoses than ever before, nearly 90,000 Americans. That is a 29 percent increase in just one year. American families need help, and they need it now.

This bipartisan bill provides the funding for nonprofits working with families struggling with addiction. The bill will provide grants to reach more families, create a more tailored approach, and save lives.

I want to thank Congressman MEUSER for his support and partnership. He has been an absolute champion on this issue.

I also want to thank Chairman PALLONE, Chairwoman ESHOO, and Ranking Member RODGERS for their laser-like focus on this issue.

Madam Speaker, I urge a “yes” vote.

Mr. GUTHRIE. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MEUSER).

Mr. MEUSER. Madam Speaker, I thank the gentleman from Kentucky, my good friend, Representative GUTHRIE; and my good friend from Maryland, DAVID TRONE, for their work on this bill.

Madam Speaker, the plight of addiction continues to affect communities

across the country and in our great Commonwealth of Pennsylvania. Substance use disorder, like any disease, doesn’t just affect the individual. Their family, spouse, children, and friends also suffer alongside them, hoping for recovery. The critical support system they comprise is a potent tool in combatting addiction and an effective partner we should aim to empower.

That is why this bill, the Family Support Services for Addiction Act, is so essential and why I am truly very proud to be working with my good friend, Representative DAVID TRONE, to see it become law. His commitment to this cause is impressive and honorable.

Our bill provides grants for community organizations, providing critical support to families trying to navigate the complex insurance coverage and treatment options.

Too often, this system overwhelms concerned families looking for the best option for their loved one. By passing this bill, we ensure more families will be connected to a lifesaving treatment option tailored to their needs.

Unfortunately, Madam Speaker, this crisis has only become more acute during the pandemic. According to the CDC, 81,000 drug overdose deaths occurred between May 2019 and May 2020, the highest number recorded in a 12-month period. To combat this epidemic of drug use, we must use every tool we have; and the network of support that families provide is an essential tool to overcoming addiction and restoring our communities.

I, again, want to thank Representative TRONE for his work on this bill, on this very important issue; and the committee leaders for moving this much-needed measure to the floor today.

Madam Speaker, I urge a “yes” vote.

Mr. PALLONE. Madam Speaker, I have no further speakers, I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume for the purpose of closing.

Madam Speaker, I really appreciate both the leaders of this bill and the entire House, as we have worked hard together in a bipartisan way over the years for the opioid abuse and other types of abuse and recovery efforts. This is an important bill and an additional step in that direction. We are fighting it, but we still have to continue the fight. This is an important bill. I support it, and I urge my colleagues to support it as well.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

Madam Speaker, I am sure we will notice as we go through the suspension calendar today that we have a number of bills that deal with addiction and behavioral health issues. This is Mental Health Month that we are observing today, and this is one of the bills that is a very important part of this group.

Madam Speaker, I urge support on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 433.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

PURSUING EQUITY IN MENTAL HEALTH ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1475) to address mental health issues for youth, particularly youth of color, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1475

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Pursuing Equity in Mental Health Act”.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

Sec. 101. Integrated Health Care Demonstration Program.

Sec. 102. Addressing racial and ethnic minority mental health disparities research gaps.

Sec. 103. Health professions competencies to address racial and ethnic minority mental health disparities.

Sec. 104. Racial and ethnic minority behavioral and mental health outreach and education strategy.

Sec. 105. Additional funds for National Institutes of Health.

Sec. 106. Additional funds for National Institute on Minority Health and Health Disparities.

TITLE II—OTHER PROVISIONS

Sec. 201. Reauthorization of Minority Fellowship Program.

Sec. 202. Study on the Effects of Smartphone and Social Media Use on Adolescents.

Sec. 203. Technical correction.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION PROGRAM.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 553 of such Act (as redesignated and moved by section 203 of this Act) the following:

“SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR PROVISION OF BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS.

“(a) GRANTS.—The Secretary shall award grants to eligible entities for the purpose of establishing interprofessional health care teams that provide behavioral health care.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), rural health clinic, or behavioral health program, serving a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g)).

“(c) SCIENTIFICALLY BASED.—Integrated health care funded through this section shall be scientifically based, taking into consideration the results of the most recent peer-reviewed research available.

“(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act.”.

SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 6 months after the date of the enactment of this Act, the Director of the National Institutes of Health shall enter into an arrangement with the National Academies of Sciences, Engineering, and Medicine (or, if the National Academies of Sciences, Engineering, and Medicine decline to enter into such an arrangement, the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, or another appropriate entity)—

(1) to conduct a study with respect to mental health disparities in racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g))); and

(2) to submit to the Congress a report on the results of such study, including—

(A) a compilation of information on the dynamics of mental disorders in such racial and ethnic minority groups; and

(B) a compilation of information on the impact of exposure to community violence, adverse childhood experiences, structural racism, and other psychological traumas on mental disorders in such racial and minority groups.

SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services may award grants to qualified national organizations for the purposes of—

(1) developing, and disseminating to health professional educational programs best practices or core competencies addressing mental health disparities among racial and ethnic minority groups for use in the training of students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling; and

(2) certifying community health workers and peer wellness specialists with respect to such best practices and core competencies and integrating and expanding the use of such workers and specialists into health care to address mental health disparities among racial and ethnic minority groups.

(b) BEST PRACTICES; CORE COMPETENCIES.—Organizations receiving funds under subsection (a) may use the funds to engage in the following activities related to the development and dissemination of best practices or core competencies described in subsection (a)(1):

(1) Formation of committees or working groups comprised of experts from accredited health professions schools to identify best practices and core competencies relating to mental health disparities among racial and ethnic minority groups.

(2) Planning of workshops in national fora to allow for public input into the educational needs associated with mental health disparities among racial and ethnic minority groups.

(3) Dissemination and promotion of the use of best practices or core competencies in undergraduate and graduate health professions training programs nationwide.

(4) Establishing external stakeholder advisory boards to provide meaningful input into policy and program development and best practices to reduce mental health disparities among racial and ethnic minority groups.

(c) DEFINITIONS.—In this section:

(1) QUALIFIED NATIONAL ORGANIZATION.—The term “qualified national organization” means a national organization that focuses on the education of students in one or more of the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling.

(2) RACIAL AND ETHNIC MINORITY GROUP.—The term “racial and ethnic minority group” has the meaning given to such term in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 554 of such Act, as added by section 101 of this Act, the following:

“SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

“(a) IN GENERAL.—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

“(1) be designed to—

“(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

“(B) be developmentally and age-appropriate;

“(2) increase awareness of symptoms of mental illnesses common among such groups, taking into account differences within at-risk subgroups;

“(3) provide information on evidence-based, culturally and linguistically appropriate and adapted interventions and treatments;

“(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

“(5) seek to broaden the perspective among both individuals in these groups and stakeholders serving these groups to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health.

“(b) REPORTS.—Beginning not later than 1 year after the date of the enactment of this section and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under subsection (a) increased be-

havioral and mental health outcomes associated with mental health conditions and substance abuse among racial and ethnic minority groups.

“(c) DEFINITION.—In this section, the term ‘racial and ethnic minority group’ has the meaning given to that term in section 1707(g).

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2022 through 2026.”.

SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—In addition to amounts otherwise authorized to be appropriated to the National Institutes of Health, there is authorized to be appropriated to such Institutes \$100,000,000 for each of fiscal years 2022 through 2026 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health.

(b) DEFINITION.—In this section, the term “clinical research” has the meaning given to such term in section 409 of the Public Health Service Act (42 U.S.C. 284d).

SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES.

In addition to amounts otherwise authorized to be appropriated to the National Institute on Minority Health and Health Disparities, there is authorized to be appropriated to such Institute \$650,000,000 for each of fiscal years 2022 through 2026.

TITLE II—OTHER PROVISIONS

SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP PROGRAM.

Section 597(c) of the Public Health Service Act (42 U.S.C. 29711(c)) is amended by striking “\$12,669,000 for each of fiscal years 2018 through 2022” and inserting “\$25,000,000 for each of fiscal years 2022 through 2026”.

SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND SOCIAL MEDIA USE ON ADOLESCENTS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall conduct or support research on—

(1) smartphone and social media use by adolescents; and

(2) the effects of such use on—

(A) emotional, behavioral, and physical health and development; and

(B) disparities in minority and underserved populations.

(b) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to the Congress, and make publicly available, a report on the findings of research described in this section.

SEC. 203. TECHNICAL CORRECTION.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) by redesignating the second section 550 (42 U.S.C. 290ee–10) (relating to Sobriety Treatment And Recovery Teams) as section 553; and

(2) by moving such section, as so redesignated, so as to appear after section 552 (42 U.S.C. 290ee–7).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in

which to revise and extend their remarks and include extraneous material on H.R. 1475.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1475, the Pursuing Equity in Mental Health Act.

We have long known that people of color experience inequities in healthcare in the United States. While we have made progress to close these gaps in recent years, including with the passage of the Affordable Care Act, people of color in America continue to experience inequities in care and worse health outcomes compared to White Americans.

These long-term trends are rooted in several social determinants that are often driven by structural discrimination and institutionalized racism, which has created systemic health inequity. The tragic result of these long-term trends is that people of color are more likely to suffer from underlying health conditions; have a much harder time getting access to care; and when they do, they are far more likely to experience bias, discrimination, and poor health outcomes.

The Congressional Black Caucus' Emergency Task Force on Black Youth Suicide and Mental Health reiterated these points in a report last Congress that raised concern about the increasing rates of suicide and mental health trends among Black children.

The bill before us today, H.R. 1475, is aimed specifically at addressing equity in mental health. It is a comprehensive approach to address increasing suicide rates and mental health disorders amongst Black youth. The bill would invest resources into better understanding racial and ethnic minority mental health disparities, improve outreach and support for racial and ethnic minorities, and expand provider support for students of color entering the mental health workforce.

Madam Speaker, I am hopeful that this bill will help reduce the inequities in mental health.

Before I conclude, I would like to thank my colleague, Representative BONNIE WATSON COLEMAN, and her staff for leading this important legislation. She, of course, is in the district immediately next to me and a longtime supporter of these causes. So this is a bill that is significant, and I do want to thank the Congresswoman for being the sponsor.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1475, the Pursuing Equity in Mental Health Act, sponsored by Representative WATSON COLEMAN.

This important bill helps address suicide and mental illness in youth from minority and underserved communities.

Despite improvements in health quality, disparities in mental healthcare persist. The Agency for Healthcare Research and Quality has reported that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care.

Poor mental healthcare access and quality ultimately contribute to poor outcomes, including suicide among these populations. These issues are especially acute in minority youth populations.

This bill would help address these disparities by authorizing grants targeted at high-poverty communities for culturally and linguistically appropriate mental health services, supporting mental health disparities research, studying the impact of smartphones and social media on adolescents, and reauthorizing the Minority Fellowship Program to support more students of color entering the mental health workforce.

Madam Speaker, I urge a "yes" vote for this important initiative, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, first, let me say that Congresswoman BONNIE WATSON COLEMAN has, for years both here and in the State legislature and beyond, gone after issues that many of us have neglected or been unwilling to address. Maybe because they are controversial or whatever. She is always out there looking to help those people who are distressed or don't have someone to look out for them.

Madam Speaker, I yield such time as she may consume to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Madam Speaker, I thank my colleague from New Jersey for those kind words, and I thank my colleague from the other side of the aisle for supporting what I think is a very important piece of legislation.

Madam Speaker, I rise today to call on all of my colleagues to support the Pursuing Equity in Mental Health Act.

Over the last several years, data has indicated an alarming increase in the suicide rates for Black children and teenagers, while a recent study has shown that suicide intervention programs—while successful among White, Asian, and Hispanic children—have done little to help African-American and Native-American youth.

Two years ago, I launched the Emergency Task Force on Black Youth Suicide and Mental Health, sponsored by the Congressional Black Caucus. The task force's report that inspired this bill is an urgent call to action.

Regardless of race, gender, and socioeconomic status, every individual should have access to mental health resources and treatment.

This bipartisan bill will provide much-needed grants for culturally competent mental health services, increase funding for the Minority Fellowship Program, and direct research and resources at Federal departments and agencies. I basically am echoing what my colleagues have already shared with you.

We must pursue this equity in mental health because the systems we have in place simply do not address the mental health needs of all communities.

Madam Speaker, I call upon all of my colleagues to support this important piece of legislation.

Mr. GUTHRIE. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

Madam Speaker, again, this is a very important issue, and I am glad we are here today to address it. We need to address it. My hopes and prayers are, as we move forward with this piece of legislation, we get the help that communities needed.

I support this legislation, and I urge my colleagues to support it.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I, too, urge my colleagues to support this very important bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1475, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 586) to amend the Public Health Service Act to provide best practices on student suicide awareness and prevention training and condition State educational agencies, local educational agencies, and tribal educational agencies receiving funds under section 520A of such Act to establish and implement a school-based student suicide awareness and prevention training policy.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 586

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021” or the “STANDUP Act of 2021”.

SEC. 2. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

(a) IN GENERAL.—Title V of the Public Health Service Act is amended by inserting after section 520A of such Act (42 U.S.C. 290bb–32) the following:

“SEC. 520B. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICIES.

“(a) IN GENERAL.—As a condition on receipt of funds under section 520A, each State educational agency, local educational agency, and Tribal educational agency that receives such funds, directly or through a State or Indian Tribe, for activities to be performed within secondary schools, including the Project AWARE State Education Agency Grant Program, shall—

“(1) establish and implement a school-based student suicide awareness and prevention training policy;

“(2) consult with stakeholders (including principals, teachers, parents, local Tribal officials, and other school leaders) in the development of the policy under subsection (a)(1); and

“(3) collect and report information in accordance with subsection (c).

“(b) SCHOOL-BASED STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICY.—A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)—

“(1) shall be evidence-based;

“(2) shall be culturally and linguistically appropriate;

“(3) shall provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health service providers as defined in section 4102(6) of the Elementary and Secondary Education Act of 1965, if applicable, regarding—

“(A) suicide education and awareness, including warning signs of self-harm or suicidal ideation;

“(B) methods that students can use to seek help for themselves and others; and

“(C) student resources for suicide awareness and prevention;

“(4) shall provide for retraining of such students every school year;

“(5) may last for such period as the State educational agency, local educational agency, or Tribal educational agency involved determines to be appropriate;

“(6) may be implemented through any delivery method, including in-person trainings, digital trainings, or train-the-trainer models; and

“(7) may include discussion of comorbidities or risk factors for suicidal ideation or self-harm, including substance misuse, sexual or physical abuse, mental illness, or other evidence-based comorbidities and risk factors.

“(c) COLLECTION OF INFORMATION AND REPORTING.—Each State educational agency, local educational agency, and Tribal educational agency that receives funds under section 520A shall, with respect to each school served by the agency, collect and report to the Secretary the following information:

“(1) The number of student trainings conducted.

“(2) The number of students trained, disaggregated by age and grade level.

“(3) The number of help-seeking reports made by students after implementation of such policy.

“(d) EVIDENCE-BASED PROGRAM LISTING.—The Secretary of Health and Human Services shall coordinate with the Secretary of Edu-

cation to make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, including identification of whether such training is available to trainees at no cost.

“(e) IMPLEMENTATION TIMELINE.—A State educational agency, local educational agency, or Tribal educational agency shall establish and begin implementation of the policies required by subsection (a)(1) not later than the beginning of the third fiscal year following the date of enactment of this section for which the agency receives funds under section 520A.

“(f) DEFINITIONS.—In this section and section 520B–1:

“(1) The term ‘evidence-based’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(2) The term ‘local educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘State educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(4) The term ‘Tribal educational agency’ has the meaning given to the term ‘tribal educational agency’ in section 6132 of the Elementary and Secondary Education Act of 1965.

“SEC. 520B–1. BEST PRACTICES FOR STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

“The Secretary of Health and Human Services, in consultation with the Secretary of Education and the Bureau of Indian Education, shall—

“(1) publish best practices for school-based student suicide awareness and prevention training, pursuant to section 520B, that are based on—

“(A) evidence-based practices; and

“(B) input from relevant Federal agencies, national organizations, Indian Tribes and Tribal organizations, and related stakeholders;

“(2) publish guidance, based on the best practices under paragraph (1), to provide State educational agencies, local educational agencies, and Tribal educational agencies with information on student suicide awareness and prevention best practices;

“(3) disseminate such best practices to State educational agencies, local educational agencies, and Tribal educational agencies; and

“(4) provide technical assistance to State educational agencies, local educational agencies, and Tribal educational agencies.”.

SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall only apply with respect to applications for assistance under section 520A of the Public Health Service Act (42 U.S.C. 290bb–32) that are submitted after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

□ 1445

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their re-

marks and include extraneous material on H.R. 586.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021, or the STANDUP Act.

For the last decade, suicide has been the second leading cause of death in the United States for young Americans between the ages of 10 and 24. Since 2007, the number of suicides for this group has nearly tripled.

We are witnessing notable disparities within this youth suicide crisis as well. Data tells us that young Black Americans, ages 5 to 12 years old, are twice as likely to die by suicide as compared to their White peers. Suicide rates for American Indian and Alaska Native teenagers between the ages of 15 and 19 are 60 percent higher than the national average for all teenagers. Additionally, among the more than 77,000 youth reporting suicidal ideations, over one-third of them are identified as LGBTQ.

This data makes clear that more must be done to help those struggling. We can and must act now to help equip students and the community around them to identify risk factors, because oftentimes, it is the students who are the true eyes and ears of each campus. We can help provide them with effective tools so they can play an active role in preventing suicide or self-harm.

H.R. 586 would encourage schools to expand evidence-based suicide awareness and prevention training to students. It would also require this training as a condition of receiving funds under the Substance Abuse and Mental Health Services Administration's Project AWARE grant program.

The STANDUP Act, Madam Speaker, would also support technical assistance resources for schools and encourage the collection and reporting of data to track implementation of these policies and practices.

Research shows that training students on suicide prevention makes an impact on student suicide rates and improves a student's willingness to seek help or help a peer. Much of this training is already taking place across thousands of schools nationwide, but STANDUP will help ensure that this good work is expanded to more schools across the country.

For these reasons, I stand up in support of the STANDUP Act. I thank the lead sponsors, Representatives PETERS and BILIRAKIS, and the many bipartisan supporters of this legislation for their work on this critical issue.

Madam Speaker, I urge my colleagues to support this bill. I hope the Senate will act swiftly to pass it after we have taken action. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 586, the STANDUP Act of 2021, which was introduced by Representative SCOTT PETERS and includes the support of many Members of the House, including Energy and Commerce Committee colleagues BILIRAKIS, BLUNT ROCHESTER, UPTON, and TONKO.

This legislation helps promote suicide awareness and facilitates prevention training for students and young Americans. For the last decade, suicide has been the second leading cause of death for Americans ages 10 to 24, and the 10th leading cause of overall deaths in the United States. Tragically, this epidemic has only worsened during the COVID-19 pandemic.

Suicide is preventable, and initiatives that empower students with knowledge of the warning signs and resources for prevention are critical in addressing these trends.

Through this bill, Project AWARE grantees will be empowered to establish school-based suicide awareness and prevention training programs, which will improve student awareness of mental health issues while connecting at-risk individuals to needed health services.

The pandemic has greatly impacted the mental health of all Americans, which is why it is critical that we continue addressing our Nation's challenges in preventing youth suicide and promoting the wellness of all.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers at this time.

I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend.

Mr. BILIRAKIS. Madam Speaker, we have all worked together on this very powerful bill. There is no higher priority than keeping our children safe. I think most people know that.

Since 2010, suicide has been the second leading cause of death for young Americans ages 10 through 24. From 2007 to 2015, the number of children and teens visiting the emergency room for suicide-related injuries doubled. In 2017, 517 Americans, aged 10 through 14, and 6,252, aged 15 through 24, committed suicide. Sadly, some communities in my district are among those with the highest suicide rates in Florida. I represent the Tampa Bay area, Madam Speaker.

Research has shown that most of these young Americans tell someone that they are contemplating suicide or school violence, and 68 percent of averted violence was stopped because a student reported concerns about a threat, a plot, or other concerning behavior involving a peer.

H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act, or the STANDUP Act, encourages States, Tribes, and schools to create policies for student suicide prevention training

utilizing SAMHSA-provided best practices, training, and technical assistance.

By providing high quality screening and prevention training to school staff and peers, threats can be identified before they materialize, and those who are at risk have an opportunity to get the mental health treatment they sorely need.

I have seen firsthand, Madam Speaker, the power of work like this through nonprofits like Sandy Hook Promise, and SAVE Promise Clubs at my children's school actually at Palm Harbor University High School, which is located in Palm Harbor, Florida, in my district. When properly equipped, students can be empowered to prevent violence in their schools.

I appreciate the bipartisan work of my colleagues, and, of course, we actually sponsored this bill with Congressman PETERS. I also want to thank the chairman for placing the bill on the agenda and working with us.

I urge my colleagues to join us in passing this critical legislation to help reverse the troubling trend of youth suicide and violence.

Mr. GUTHRIE. Madam Speaker, as we were speaking before, this is an important issue. Suicide affects so many people. There are systems, there is the ability to become aware. It can be preventable if people know the right signs to look for. I think the American people absolutely want to work together to make this happen so we can prevent this.

I urge all my colleagues to support this piece of legislation. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support on a bipartisan basis for this bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 586.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 721) to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 721

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mental Health Services for Students Act of 2021".

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and

(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) SCHOOL-BASED MENTAL HEALTH AND CHILDREN.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) (relating to children and violence) is amended to read as follows:

"SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

"(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

"(1) developmentally, linguistically, and culturally appropriate;

"(2) trauma-informed; and

"(3) incorporate positive behavioral interventions and supports.

"(b) ACTIVITIES.—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

"(1) implementation of school and community-based mental health programs that—

"(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

"(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

"(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

"(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

"(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

"(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

"(c) REQUIREMENTS.—

"(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

“(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

“(B) at least 1 community-based mental health provider, including a public or private mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

“(2) COMPLIANCE WITH HIPAA.—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(3) COMPLIANCE WITH FERPA.—Section 444 of the General Education Provisions Act (commonly known as the ‘Family Educational Rights and Privacy Act of 1974’) shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

“(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

“(e) DURATION OF AWARDS.—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 5 years, with options for renewal.

“(f) EVALUATION AND MEASURES OF OUTCOMES.—

“(1) DEVELOPMENT OF PROCESS.—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

“(A) the development of guidelines for the submission of program data by grant, contract, or cooperative agreement recipients;

“(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

“(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

“(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

“(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

“(4) EVALUATION BY ASSISTANT SECRETARY.—Based on the data submitted under

paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

“(5) LIMITATION.—An eligible entity shall use not more than 20 percent of amounts received under a grant under this section to carry out evaluation activities under this subsection.

“(g) INFORMATION AND EDUCATION.—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

“(h) AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.—

“(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more than \$2,000,000 for each of the first 5 fiscal years following the date of enactment of the Mental Health Services for Students Act of 2021. The Secretary shall determine the amount of each such grant based on the population of children up to age 21 of the area to be served under the grant.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$130,000,000 for each of fiscal years 2022 through 2025.”

(c) CONFORMING AMENDMENT.—Part G of title V of the Public Health Service Act (42 U.S.C. 290hh et seq.), as amended by subsection (b), is further amended by striking the part designation and heading and inserting the following:

“PART G—SCHOOL-BASED MENTAL HEALTH”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 721.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 721, the Mental Health Services for Students Act of 2021.

Mental illness, Madam Speaker, affects millions of Americans. With youth in particular, research shows that half of all lifetime mental illness begins by the age of 14. According to the Centers for Disease Control and Prevention, about three in four children between the ages of 3 and 17 suffer from depression and anxiety, and nearly half have behavioral problems. In fact, data from Mental Health America shows that youth between the ages of 11 and 17 are now at higher risk of moderate to severe anxiety and depression.

For many students, schools are a critical place to get mental health or behavioral health support, and now with added public health concerns, economic pressures, online learning, and the social isolation that comes with

these things, experts worry about the added repercussions we will see on the well-being of students across the country.

This data, and the effect of the pandemic, make clear that we must do more to invest in preventative mental and behavioral health services and training in schools to give our kids and teens a brighter future. The American Academy of Pediatrics Committee on School Health recognized the increasing mental health needs of children and adolescents when it said, “School-based mental health services offer the potential for prevention efforts as well as intervention strategies.”

Madam Speaker, H.R. 721 does just that. This bill would support comprehensive mental health programs at schools across the Nation by encouraging partnerships between State and local educational agencies and mental health providers. Funding would be made available through the Substance Abuse and Mental Health Services Administration. This funding would support prevention screening, treatment, and development of evidence-based programs for social, emotional, mental, and behavioral issues among students. H.R. 721 would also help us better understand the student, family, and educational outcomes of services provided to the students.

I want to thank the lead sponsors of this bill, Representatives NAPOLITANO and KATKO, for their leadership and tireless work.

Madam Speaker, it is critical that we support preventative mental and behavioral health services and training in schools for our kids and teens, particularly at a time when mental health risks are exacerbated by the COVID-19 pandemic.

I urge my colleagues to support this bill. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 721, the Mental Health Services for Students Act of 2021, spearheaded by Representative NAPOLITANO.

This bill authorizes the Substance Abuse and Mental Health Services Administration Project AWARE grants. These grants support State educational agencies, in partnership with State mental health agencies, in increasing awareness of mental health issues among school-aged youth, providing training for school personnel to detect and respond to mental health issues and connecting students with behavioral health issues and their families to needed services.

By supporting partnerships between State and local systems to promote the healthy development of students, these grants increase access to mental health services for school-aged youth, ultimately reducing youth violence, substance use disorder, and suicide.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers at this time. I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, as with all the other bills before us today, it is so important to reach out to our youth and to prevent suicide and violence as a result of mental health disorders. We all know, as young as we can reach them, the better.

I support this bill and ask my colleagues to do so. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky points out, with these bills today, we are trying to reach out and deal with these mental and behavioral health problems in various settings. In this case, it is the school-based setting, which I think is one of the most effective.

So for that reason, I would ask my colleagues to support this legislation. I yield back the balance of my time.

The SPEAKER pro tempore (Ms. JACKSON LEE). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 721, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1500

BEHAVIORAL INTERVENTION GUIDELINES ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2877) to amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2877

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Behavioral Intervention Guidelines Act of 2021”.

SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

The Public Health Service Act is amended by inserting after section 520G of such Act (42 U.S.C. 290bb-38) the following new section:

“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

“(a) IN GENERAL.—The Secretary shall identify and facilitate the development of best practices to assist elementary schools, secondary schools, and institutions of higher education in establishing and using behavioral intervention teams.

“(b) ELEMENTS.—The best practices under subsection (a)(1) shall include guidance on the following:

“(1) How behavioral intervention teams can operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights of individuals.

“(2) The use of behavioral intervention teams to identify concerning behaviors, implement interventions, and manage risk through the framework of the school’s or institution’s rules or code of conduct, as applicable.

“(3) How behavioral intervention teams can, when assessing an individual—

“(A) access training on evidence-based, threat-assessment rubrics;

“(B) ensure that such teams—

“(i) have trained, diverse stakeholders with varied expertise; and

“(ii) use cross validation by a wide-range of individual perspectives on the team; and

“(C) use violence risk assessment.

“(4) How behavioral intervention teams can help mitigate—

“(A) inappropriate use of a mental health assessment;

“(B) inappropriate limitations or restrictions on law enforcement’s jurisdiction over criminal matters;

“(C) attempts to substitute the behavioral intervention process in place of a criminal process, or impede a criminal process, when an individual’s behavior has potential criminal implications;

“(D) endangerment of an individual’s privacy by failing to ensure that all applicable Federal and State privacy laws are fully complied with; or

“(E) inappropriate referrals to, or involvement of, law enforcement when an individual’s behavior does not warrant a criminal response.

“(c) CONSULTATION.—In carrying out subsection (a)(1), the Secretary shall consult with—

“(1) the Secretary of Education;

“(2) the Director of the National Threat Assessment Center of the United States Secretary Service;

“(3) the Attorney General and the Director of the Bureau of Justice Assistance;

“(4) teachers and other educators, principals, school administrators, school board members, school psychologists, mental health professionals, and parents of students;

“(5) local law enforcement agencies and campus law enforcement administrators;

“(6) privacy experts; and

“(7) other education and mental health professionals as the Secretary deems appropriate.

“(d) PUBLICATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall publish the best practices under subsection (a)(1) on the internet website of the Department of Health and Human Services.

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to institutions of higher education, elementary schools, and secondary schools to assist such institutions and schools in implementing the best practices under subsection (a).

“(f) DEFINITIONS.—In this section:

“(1) The term ‘behavioral intervention team’ means a team of qualified individuals who—

“(A) are responsible for identifying and assessing individuals exhibiting concerning behaviors, experiencing distress, or who are at risk of harm to self or others;

“(B) develop and facilitate implementation of evidence-based interventions to mitigate the threat of harm to self or others posed by an individual and address the mental and behavioral health needs of individuals to reduce risk; and

“(C) provide information to students, parents, and school employees on recognizing behavior described in this subsection.

“(2) The terms ‘elementary school’, ‘parent’, and ‘secondary school’ have the meanings given to such terms in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘institution of higher education’ has the meaning given to such term in section 102 of the Higher Education Act of 1965.

“(4) The term ‘mental health assessment’ means an evaluation, primarily focused on diagnosis, determining the need for involuntary commitment, medication management, and on-going treatment recommendations.

“(5) The term ‘violence risk assessment’ means a broad determination of the potential risk of violence based on evidence-based literature.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2877.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2877, the Behavioral Intervention Guidelines Act.

Madam Speaker, behavioral intervention teams are multidisciplinary teams that support students’ mental health and emotional well-being by detecting patterns, trends, and disturbances in behavior, and by conducting outreach to students who are unable to manage distress in healthy and constructive ways. These teams are already active in some educational settings, such as Wichita State University, Southern Connecticut State University, and Rochester Institute of Technology.

This bill requires the Substance Abuse and Mental Health Administration to develop best practices for schools that have or want to have behavioral intervention teams. These best practices would cover the proper use of these teams and how to intervene and avoid inappropriate use of mental health assessments and law enforcement. These best practices would then be required to be posted publicly on the Department of Health and Human Services website. HHS would also help to provide technical assistance to entities implementing these best practices.

We know that three in four children between the ages of 3 and 17 with depression also have anxiety. Anxiety and depression are the top two mental health concerns among college students as well. Unfortunately, recent

data found that over 80 percent of young people with mental health needs did not receive the care that they needed.

Young people in crisis should be able to access the care they need or be able to find support from peers who can direct them toward appropriate services. This bill helps bridge that gap.

The champions of this legislation, Representatives FERGUSON, PETERS, BURGESS, and PANETTA, worked together to help provide these behavioral health prevention tools to schools and colleges around the country, and I applaud them for their bipartisan effort.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2877, the Behavioral Intervention Guidelines Act of 2021 introduced by Representatives FERGUSON, BURGESS, PETERS, and PANETTA.

This important bill authorizes the Substance Abuse and Mental Health Services Administration to develop best practices for establishing and using behavioral intervention teams in elementary schools, secondary schools, and institutions of higher education.

Behavioral intervention teams are multidisciplinary teams that support students' mental health and wellness by identifying students experiencing stress, anxiety, or other behavioral disturbances, and conducting intervention and outreach to these students to help manage risk. These teams are already active in some educational settings, such as Texas Tech and the University of California, Los Angeles.

By acting in a proactive manner to assist students and connect them with needed resources, behavioral intervention teams help schools create a safe environment for their students and improve mental health outcomes in young people.

Madam Speaker, I yield 4 minutes to the gentleman from Georgia (Mr. FERGUSON).

Mr. FERGUSON. Madam Speaker, I rise today in strong support of H.R. 2877, the BIG Act.

Without question, we have all seen how the mental health issues in America have been growing, and they have been exacerbated by the COVID-19 pandemic. The urgency to address this crisis has become more dire as we are seeing how fear, anxiety, financial problems, and particularly isolation have compounded these issues. We see this across the board but particularly with our young people.

We must tackle these issues head-on, and that is why I am honored to support the BIG Act.

This straightforward bill works to provide local communities and educational systems with the tools that they need to help identify mental health needs before it is too late.

As a healthcare provider, I can tell my colleagues that early intervention is vitally important, and putting teams together that recognize the needs and see the problems with students before it is too late is important. The last thing that we want to see our students go through is the process of dropping out of school because of issues or problems with behavior or with their classmates. Most importantly, we never want to see them do harm to themselves or to others.

This bill provides the resources and the best practices from around the country in one site where school districts and different organizations can come together to put together the programs that will work best for them.

Congress must step up to confront this challenge, but doing so successfully will require input from an awful lot of people. That is what this bill does.

This is a bipartisan, bicameral bill. It has widespread support from places like Texas A&M; as you mentioned, the University of California; and in my home district, Columbus State University. It has the support of mental health organizations, mental health providers, and other individuals across this country.

Together, we can and should increase the mental health well-being of our fellow Americans.

National Mental Health Awareness Month is going on, and it is so important that we act to improve access across our country to high-quality, evidence-based mental healthcare services. That is why I ask my colleagues to join in supporting the BIG Act.

Mr. GUTHRIE. Madam Speaker, what we have talked about is that this creates a safe environment for students. I think all Americans want a safer environment for all of our students and to improve the mental health outcomes of young people.

Madam Speaker, that is what this bill focuses on, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill. This is just another tool to help provide behavioral services—in this case, to schools and colleges around the country. I think it deserves our support.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2877.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1260) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1260

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Bipartisan Solution to Cyclical Violence Act of 2021”.

SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V-7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

“(a) AUTHORITY ESTABLISHED.—

“(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

“(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

“(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

“(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than \$250,000 and not more than \$500,000.

“(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a)(1), an entity shall—

“(1) either be—

“(A) a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or

“(B) a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;

“(2) serve a community in which at least 100 incidents of intentional violent trauma occur annually; and

“(3) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) SELECTION OF GRANT RECIPIENTS.—

“(1) GEOGRAPHIC DIVERSITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.

“(2) PRIORITY.—In selecting grant recipients under subsection (a)(1), the Secretary

shall prioritize applicants that serve one or more communities with high absolute numbers or high rates of intentional violent trauma.

“(3) HEALTH PROFESSIONAL SHORTAGE AREAS.—

“(A) ENCOURAGEMENT.—The Secretary shall encourage entities described in paragraphs (1) and (2) that are located in or serve a health professional shortage area to apply for grants under subsection (a)(1).

“(B) DEFINITION.—In subparagraph (A), the term ‘health professional shortage area’ means a health professional shortage area designated under section 332.

“(d) REPORTS.—

“(1) REPORTS TO SECRETARY.—

“(A) IN GENERAL.—An entity that receives a grant under subsection (a)(1) shall submit reports on the use of the grant funds to the Secretary, including progress reports, as required by the Secretary. Such reports shall include—

“(i) any findings of the program established, or expanded, by the entity through the grant; and

“(ii) if applicable, the manner in which the entity has incorporated such findings in the violence intervention or violence prevention program conducted by such entity.

“(B) OPTION FOR JOINT REPORT.—To the extent feasible and appropriate, an entity that receives a grant under subsection (a)(1) may elect to coordinate with one or more other entities that have received such a grant to submit a joint report that meets the requirements of subparagraph (A).

“(2) REPORT TO CONGRESS.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall submit to Congress a report—

“(A) on any findings resulting from reports submitted to the Secretary under paragraph (1);

“(B) on best practices developed by the Secretary under subsection (e); and

“(C) with recommendations for legislative action relating to intentional violent trauma prevention that the Secretary determines appropriate.

“(e) BEST PRACTICES.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall—

“(1) develop, and post on a public website of the Department of Health and Human Services, best practices for intentional violent trauma prevention, based on any findings reported to the Secretary under subsection (d)(1); and

“(2) disseminate such best practices to stakeholders, as determined appropriate by the Secretary.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$10,000,000 for the period of fiscal years 2022 through 2025.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1260.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Trauma is a pressing public health epidemic. In 2016 alone, trauma accounted for more than 29 million emergency department visits and 39 million physician office visits in the United States.

Tragically, homicide is the leading cause of death for Black males between the ages of 1 and 24 and the second leading cause of death in Hispanic males in the same age group. Regardless of race, of the people who survive a single violent trauma, it is estimated that up to 45 percent will experience a second violent trauma.

This is where H.R. 1260 steps in to provide critical data-driven interventions. The Bipartisan Solution of Cyclical Violence Act directs the Department of Health and Human Services to establish a grant program for specified trauma centers and nonprofits to establish or expand intervention or prevention programs related to intentional violent trauma.

These programs, Madam Speaker, help identify patients at risk of repeat violent injury and connects them with hospital and community-based resources. The bill bridges tragedy with hospital-based violence intervention programs by providing intensive case management to people who have experienced at least one violent trauma. These programs have been shown to successfully reduce injury recidivism and help those at risk for violence live safer lives.

I commend my colleagues, Representatives RUPPERSBERGER and KINZINGER, for spearheading this initiative.

Again, I urge my colleagues to support this important bipartisan bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1260, the Bipartisan Solution to Cyclical Violence Act of 2021 introduced by Representative RUPPERSBERGER and fellow Energy and Commerce Committee member KINZINGER.

This important legislation would provide Federal grants to hospitals and trauma centers for intervention services to victims of violent crime.

Violence in America disproportionately impacts urban and underserved communities, where poor social determinants of health can contribute to structural violence.

Hospital-based intervention programs help reduce violence because they reach high-risk individuals recently admitted to a hospital for treatment of a serious violent injury. Hospitalization presents an opportunity when an individual may be open to help to break the cycle of violence by immediate intervention following the violent incident.

By supporting hospital-based violence intervention programs, this bill

will connect at-risk individuals with local resources that address underlying risk factors for violence.

I thank Representatives RUPPERSBERGER and KINZINGER for tackling this challenging issue and for putting forward a meaningful solution to help address violence in our communities.

Madam Speaker, it is important to break the cycle of violence. Having someone in a hospital setting who has just been a victim of violence is a great time to address that.

I think this is the right policy at the right time, and I urge my colleagues to vote for this bill.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge my colleagues to support this bill. Again, this one, dealing with intervention for violent traumas, is part of this package today.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1260, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

IMPROVING MENTAL HEALTH ACCESS FROM THE EMERGENCY DEPARTMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1205) to authorize the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, to award grants to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1205

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improving Mental Health Access from the Emergency Department Act of 2021”.

SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

The Public Health Service Act is amended by inserting after section 520J of such Act (42 U.S.C. 290bb-31) the following new section:

“SEC. 520J-1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

“(a) IN GENERAL.—The Secretary may award grants on a competitive basis to qualifying health providers to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department.

“(b) ELIGIBLE GRANT RECIPIENTS.—In this section, the term ‘qualifying health provider’ means a health care facility licensed under applicable law that—

“(1) has an emergency department;

“(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

“(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

“(c) USE OF FUNDS.—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider’s emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

“(1) Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.

“(2) Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.

“(3) Use of alternative approaches to providing psychiatric care in the emergency department setting, including through tele-psychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.

“(4) Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.

“(5) Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).

“(d) APPLICATION.—A qualifying health provider desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

“(1) A description of identified need for acute mental health services in the provider’s service area.

“(2) A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.

“(3) A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).

“(4) A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.

“(5) A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$15,000,000 for each of fiscal years 2022 through 2026.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

□ 1515

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1205.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1205, the Improving Mental Health Access from the Emergency Department Act.

I would like to begin by recognizing a member of our committee, Representative RUIZ, and his staff for their work on this important legislation. As an emergency room physician himself, Dr. RUIZ knows firsthand the needs of both the medical professional and patients in the ER.

Among those increasing needs is support for mental health services. Research has shown that one in every eight emergency department visits in the U.S. is related to a mental health issue. And since 2009, mental health emergency room visits have substantially increased, most of which is driven by adolescents and young adults. This is especially concerning given the recent report from the Government Accountability Office that found emergency department visits for suicide attempts from mid-March to mid-October 2020 were up 26 percent from 2019.

Now, this bill would help to provide increased access to care for people who report to an emergency department for acute mental health episodes. Under the bill, the Secretary of Health and Human Services is authorized to award grants to support innovative approaches for providing follow-on care for individuals treated in the emergency department for acute mental health issues. This includes increasing the number of inpatient psychiatric beds and alternative care settings, supporting a patient’s transition to appropriate mental health services, or the use of tele-psychiatric support or other remote psychiatric consultation methods.

Madam Speaker, emergency departments can sometimes feel like a stressful place, especially for people in crisis. However, they are often the last remaining safety net in many communities. We know that follow-up care for people with mental illnesses is linked to fewer repeat emergency room visits and improved mental and physical health. So let’s do our part to support the emergency room staff and patients in need by passing this bill today.

Madam Speaker, again, I urge my colleagues to support H.R. 1205, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1205, Improving Mental Health Access from the Emergency Department Act of 2021, sponsored by Representative RUIZ.

This bill authorizes the Substance Abuse and Mental Health Services Administration to award grants to emergency departments for the purpose of supporting follow-up services to patients that present in the emergency department in mental health crisis.

According to SAMHSA’s National Guidelines for Behavioral Health Crisis Care, there is a disconnect in the provision of follow-up services regarding what comes next for patients experiencing a mental health crisis in the emergency department.

If a patient comes in with appendicitis, the emergency room physician can call a surgeon. If the patient has a rash, the emergency department has a roster of dermatologists in clinics; and, in many cases, the physician can even make an appointment for the patient. These partnerships don’t always exist for mental health illness.

By authorizing grants to support programs that help those treated at emergency departments expeditiously transition to follow-on care, this bill will remove barriers to care for those experiencing an acute mental health crisis, reduce stigma, and ultimately save lives.

Madam Speaker, one of the great things I have learned being a Member of the House of Representatives is that we have 435 people from all walks of life and they bring all their life experiences to us and create some important legislation.

Dr. RUIZ is an emergency room physician. He knows this firsthand. We are colleagues on the Committee on Energy and Commerce. I know he is passionate about it because it does save lives if we get people the assistance they need.

Madam Speaker, I urge my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, again, we are trying with these series of bills today to address mental and behavioral health problems, and this one deals with the emergency room. So that is very important, and I would urge my colleagues to support it on a bipartisan basis.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1205.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1324) to amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in hospital emergency departments who are at risk of suicide, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1324

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Effective Suicide Screening and Assessment in the Emergency Department Act of 2021”.

SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V-7. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

“(a) IN GENERAL.—The Secretary shall establish a program (in this Act referred to as the ‘Program’) to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including by—

“(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and

“(2) enhancing the coordination of care for such individuals after discharge.

“(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

“(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).

“(2) ELIGIBILITY.—To be eligible for a grant under this section, a health care site shall—

“(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;

“(B) be a hospital (as defined in section 1861(e) of the Social Security Act);

“(C) have an emergency department; and

“(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.

“(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:

“(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).

“(B) The eligible health care site is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act).

“(C) The eligible health care site is operated by the Indian Health Service, by an Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

“(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

“(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.

“(d) GRANT USES.—

“(1) REQUIRED USES.—A grant awarded under this section to an eligible health care site shall be used for the following purposes:

“(A) To train emergency department health care professionals to identify, assess, and treat patients who are at risk of suicide.

“(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment, and treatment of individuals who are at risk of suicide.

“(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.

“(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:

“(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.

“(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.

“(C) To increase the availability of, and access to, evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.

“(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.

“(e) REPORTING REQUIREMENTS.—

“(1) REPORTS BY GRANTEEES.—Each eligible health care site receiving a grant under this section shall submit to the Secretary an annual report for each year for which the grant is received on the progress of the program funded through the grant. Each such report shall include information on—

“(A) the number of individuals screened in the site’s emergency department for being at risk of suicide;

“(B) the number of individuals identified in the site’s emergency department as being—

“(i) survivors of an attempted suicide; or

“(ii) are at risk of suicide;

“(C) the number of individuals who are identified in the site’s emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);

“(D) the number of individuals referred by the site’s emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

“(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and

“(F) any other relevant additional data regarding the programs and activities funded through the grant.

“(2) REPORT BY SECRETARY.—Not later than one year after the end of fiscal year 2026, the Secretary shall submit to Congress a report that includes—

“(A) findings on the Program;

“(B) overall patient outcomes achieved through the Program;

“(C) an evaluation of the effectiveness of having a trained health care or behavioral health professional onsite to identify, assess, and treat patients who are at risk of suicide; and

“(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$20,000,000 for the period of fiscal years 2022 through 2026.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1324.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act.

The COVID-19 pandemic has caused tremendous suffering in our country over the past year and has negatively impacted the mental health of so many Americans. In fact, rates of mental health disorders, like depression and anxiety, that may lead to suicide have gone up almost fourfold.

According to the National Centers for Health Statistics, over 44,000 people died from suicide last year. However, these numbers may not fully reflect the deaths that occurred secondary to despair from the pandemic. Suicide is the second leading cause of death for people between the ages of 10 and 34, impacting children and people in the prime of their lives.

We also saw this during the pandemic with a spike in suicide deaths for first responders. For example, who can forget the story of Dr. Lorna Breen, an emergency room physician in New York, who dedicated herself to fighting the pandemic, but then tragically died from suicide after experiencing extreme burnout?

To counter these unnecessary deaths, we need to provide more resources to our providers on the front lines of emergency departments across the country. It is particularly important that we focus on those with limited resources, including Critical Access Hospitals, facilities serving Native Americans, and emergency departments in communities with high rates of suicide.

Resources for healthcare providers in the emergency department are important since they are often in the position of providing for patients at the highest risk for suicide with approximately 10 percent of emergency department patients presenting for treatment of suicidal ideations. Unfortunately, almost 40 percent of patients visiting an emergency department following a suicide attempt will go on to reattempt suicide within a year.

Madam Speaker, this bill will assist emergency departments by providing better training to emergency healthcare providers, establishing policies to improve identification and treatment of individuals at risk for suicide, employing additional behavioral health professionals, and improving access to care for patients.

I thank Representatives BILIRAKIS and SOTO and their staff for their tireless effort on this bill. Again, bipartisan.

Madam Speaker, suicide deaths are a preventable tragedy that negatively impact families and loved ones and rob us of young people in the prime of their lives. So whatever we can do to prevent this is going to be so important.

Madam Speaker, I urge my colleagues to support H.R. 1324, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act of 2021, introduced by Representatives BILIRAKIS, SOTO, and BURGESS.

This legislation will authorize the grant program to improve the identification, screening, assessment, and treatment of patients in emergency departments who are at risk for suicide.

Consideration of this bill could not come at a more pressing time. The COVID-19 pandemic and resulting economic downturn have impacted the mental health of many Americans. Due to the pandemic, tens of thousands of additional Americans have died from suicide or substance misuse.

Emergency departments are key locations to intervene and assist those who may be contemplating suicide.

Past research has identified one in every eight emergency department visits in the United States were related to a mental health or substance use disorder.

By creating grants for emergency departments to develop policies for screening those at risk of suicide, and enhancing their post-discharge care coordination, this bill will improve our frontline providers' ability to intervene when someone is in crisis, ultimately reducing deaths from despair during this difficult time.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 4 minutes to the gentleman from Florida (Mr. BILIRAKIS), my friend.

Mr. BILIRAKIS. Madam Speaker, this is a real problem in this country. We have a mental health crisis, and, collectively, these bills address that. So I thank the chairman and the ranking member for bringing these bills to the floor. Let's get them through today, and then passed in the Senate and have the President sign because it will make a real difference in the lives of these people who are suffering with mental illness.

Madam Speaker, our Nation remains in the midst of a suicide crisis. Over the past several decades, the suicide rate has risen sharply, increasing by 31 percent since 2001, making suicide the 10th leading cause of death, and claiming an estimated 47,000 lives annually.

A 2016 study found that 11 percent of all emergency department patients exhibited suicidal ideation. However, only 3 percent of those patients were diagnosed by current screening tools. Furthermore, about 70 percent of patients who leave the emergency department after a suicide attempt never attend their first outpatient follow-up appointment. This is just reality, and we have got to do something about this.

The Effective Suicide Screening and Assessment in the Emergency Department Act creates a voluntary HHS grant program to assist emergency departments in developing protocols for identifying, assessing, and treating individuals at risk for suicide with preference given to either critical access hospitals or hospitals located in a geographic area with a suicide risk that is higher than the national average rate.

Grants last for 2 years and grantees must submit a report annually on their efforts to improve the identification, assessment, and discharge policies for individuals who are at risk for suicide. This proactive approach is vital because emergency departments often are the first—and, sadly, too often the only—point of contact within the healthcare system for those most at risk for suicide.

Madam Speaker, I appreciate, again, the bipartisan support of my colleague, and I worked on this with Congressman SOTO.

Madam Speaker, I urge my colleagues to pass H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act, to further equip our health providers to recognize and assist these patients in crisis.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I would just say that these series of bills is so important in dealing with the suicide and prevention, in preventing this tragic epidemic from becoming a pandemic as well.

Madam Speaker, I urge the support, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge support for this bill. Again, this is dealing with trying to alert potential problems or potential for suicide in the emergency department, a very important part of this package.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1324.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1530

HELPING EMERGENCY RESPONDERS OVERCOME ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1480) to require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1480

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Helping Emergency Responders Overcome Act" or the "HERO Act".

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

"SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

"(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other

agencies as the Secretary determines appropriate, may—

“(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

“(A) collecting data on the suicide incidence among public safety officers; and

“(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

“(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

“(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:

“(1) The total number of suicides in the United States among all public safety officers in a given calendar year.

“(2) Suicide rates for public safety officers in a given calendar year, disaggregated by—

“(A) age and gender of the public safety officer;

“(B) State;

“(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;

“(D) where available, the status of the public safety officer as volunteer, paid-on-call, or career; and

“(E) status of the public safety officer as active or retired.

“(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:

“(1) Public health experts with experience in developing and maintaining suicide registries.

“(2) Organizations that track suicide among public safety officers.

“(3) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

“(4) Clinicians with experience in diagnosing and treating mental health issues.

“(5) Active and retired volunteer, paid-on-call, and career public safety officers.

“(6) Relevant national police, and fire and emergency medical services, organizations.

“(d) DATA PRIVACY AND SECURITY.—In developing and maintaining the Public Safety Officer Suicide Reporting System, the Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure that—

“(1) the confidentiality and anonymity of suicide victims and their families are protected, including so as to ensure that data cannot be used to deny benefits; and

“(2) data is sufficiently secure to prevent unauthorized access.

“(e) REPORTING.—

“(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—

“(A) include the number and rate of such suicide incidence, disaggregated by age, gender, and State of employment;

“(B) identify characteristics and contributing circumstances for suicide among public safety officers;

“(C) disaggregate rates of suicide by—

“(i) occupation;

“(ii) status as volunteer, paid-on-call, or career; and

“(iii) status as active or retired;

“(D) include recommendations for further study regarding the suicide incidence among public safety officers;

“(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;

“(F) identify options for interventions to reduce suicide among public safety officers; and

“(G) describe procedures to ensure the confidentiality and anonymity of suicide victims and their families, as described in subsection (d)(1).

“(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.

“(f) DEFINITION.—In this section, the term ‘public safety officer’ means—

“(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968; or

“(2) a public safety telecommunicator as described in detailed occupation 43-5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

“(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or rescind life insurance payments or other benefits to a survivor of the deceased individual.”

SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

“SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

“(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies.

“(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—

“(1) use career and volunteer members of fire departments or emergency medical services agencies to serve as peer counselors;

“(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;

“(3) purchase materials to be used exclusively to provide such training; and

“(4) disseminate such information and materials as are necessary to conduct the program.

“(c) DEFINITION.—In this section:

“(1) The term ‘eligible entity’ means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.

“(2) The term ‘member’—

“(A) with respect to an emergency medical services agency, means an employee, regardless of rank or whether the employee receives compensation (as defined in section

1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968); and

“(B) with respect to a fire department, means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.”

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106-310), the amendment instruction in section 1603 of such Act is amended by striking “Part B of the Public Health Service Act” and inserting “Part B of title III of the Public Health Service Act”.

SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 3, is further amended by adding at the end the following:

“SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

“(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing behavioral health and wellness programs for health care providers.

“(b) PROGRAM DESCRIPTION.—A behavioral health and wellness program funded under this section shall—

“(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;

“(2) provide training to health care providers to serve as peer counselors to other health care providers;

“(3) purchase materials to be used exclusively to provide such training; and

“(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.

“(c) DEFINITIONS.—In this section, the term ‘eligible entity’ means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.”

SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING MENTAL HEALTH PROFESSIONALS ABOUT TREATING FIRE FIGHTERS AND EMERGENCY MEDICAL SERVICES PERSONNEL.

(a) IN GENERAL.—The Administrator of the United States Fire Administration, in consultation with the Secretary of Health and Human Services, shall develop and make publicly available resources that may be used by the Federal Government and other entities to educate mental health professionals about—

(1) the culture of Federal, State, Tribal, and local career, volunteer, and combination fire departments and emergency medical services agencies;

(2) the different stressors experienced by firefighters and emergency medical services personnel, supervisory firefighters and emergency medical services personnel, and chief officers of fire departments and emergency medical services agencies;

(3) challenges encountered by retired firefighters and emergency medical services personnel; and

(4) evidence-based therapies for mental health issues common to firefighters and emergency medical services personnel within such departments and agencies.

(b) CONSULTATION.—In developing resources under subsection (a), the Administrator of the United States Fire Administration and

the Secretary of Health and Human Services shall consult with national fire and emergency medical services organizations.

(c) DEFINITIONS.—In this section:

(1) The term “firefighter” means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.

(2) The term “emergency medical services personnel” means any employee, regardless of rank or whether the employee receives compensation, as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

(3) The term “chief officer” means any individual who is responsible for the overall operation of a fire department or an emergency medical services agency, irrespective of whether such individual also serves as a firefighter or emergency medical services personnel.

SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR ADDRESSING POSTTRAUMATIC STRESS DISORDER IN PUBLIC SAFETY OFFICERS.

(a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall—

(1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers; and

(2) reassess and update, as the Secretary determines necessary, such best practices and resources, including based upon the options for interventions to reduce suicide among public safety officers identified in the annual reports required by section 317W(e)(1)(F) of the Public Health Service Act, as added by section 2 of this Act.

(b) CONSULTATION.—In developing, assembling, and updating the best practices and resources under subsection (a), the Secretary of Health and Human Services shall consult with, at a minimum, the following:

- (1) Public health experts.
- (2) Mental health experts with experience in studying suicide and other profession-related traumatic stress.
- (3) Clinicians with experience in diagnosing and treating mental health issues.
- (4) Relevant national police, fire, and emergency medical services organizations.

(c) AVAILABILITY.—The Secretary of Health and Human Services shall make the best practices and resources under subsection (a) available to Federal, State, and local fire, law enforcement, and emergency medical services agencies.

(d) FEDERAL TRAINING AND DEVELOPMENT PROGRAMS.—The Secretary of Health and Human Services shall work with Federal departments and agencies, including the United States Fire Administration, to incorporate education and training on the best practices and resources under subsection (a) into Federal training and development programs for public safety officers.

(e) DEFINITION.—In this section, the term “public safety officer” means—

- (1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284); or
- (2) a public safety telecommunicator as described in detailed occupation 43-5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1480.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of the Helping Emergency Responders Overcome Act, or the HERO Act.

As we have learned over the past year, not all heroes wear capes. There are heroes in our communities working to save the lives of countless Americans, including our emergency responders, firefighters, healthcare workers, and hospital personnel, who, to this day, continue to battle COVID-19.

Unfortunately, despite their heroic efforts, evidence suggests that suicide, depression, and substance abuse disorder are significant issues facing public safety personnel and medical providers. Those on the front lines of the COVID-19 pandemic have witnessed previously unimaginable conditions that are traumatizing for even the most resilient public safety and medical personnel.

Madam Speaker, prior to COVID-19, it was estimated that 30 percent of first responders develop behavioral health conditions, including, but not limited to, depression and post-traumatic stress disorder, as compared with 20 percent of the general population. Tragically, a 2018 study found that public safety officers were more likely to die by suicide than professionals in other lines of duty.

So this bill will help inform and support prevention and treatment strategies for addressing behavioral and mental health issues among public safety officers. The legislation would require the development of a data system to capture the incidence of suicides among this population, while also facilitating the study of successful interventions to reduce suicide among these frontline health workers.

The bill also includes efforts to enhance behavioral health and wellness programs for healthcare providers, such as providing financial assistance to entities that establish behavioral health programs targeted to these populations. By utilizing the new data system, improved research, and programmatic findings, the Department of Health and Human Services will develop best practices and resources for addressing PTSD in these frontline workers.

I want to commend Representative BERA, I know he spoke before during the 1 minute Special Orders on this bill, and also Congressman FITZPATRICK, for putting forward this bipartisan legislation.

Madam Speaker, I urge my colleagues to help those heroes by sup-

porting the HERO Act today, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON SCIENCE, SPACE, AND
TECHNOLOGY,

Washington, DC, May 4, 2021.

Hon. FRANK PALLONE, JR.,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing you concerning H.R. 1480, the “Helping Emergency Responders Overcome Act of 2019,” which was referred to the Committee on Energy and Commerce and then to the Committee on Science, Space, and Technology (“Science Committee”) on March 2, 2021.

As a result of our consultation, I agree to work cooperatively on H.R. 1480 and in order to expedite consideration of the bill the Science Committee will waive formal consideration of this legislation. However, this is not a waiver of any future jurisdictional claims by the Science Committee over the subject matter contained in H.R. 1480 or similar legislation. I ask for your support of my request to name members of the Science Committee to any House-Senate conference that may consider this bill.

Additionally, thank you for your assurances to include a copy of our exchange of letters on this matter in the Congressional Record during floor consideration thereof.

Sincerely,

EDDIE BERNICE JOHNSON,
Chairwoman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 7, 2021.

Hon. EDDIE BERNICE JOHNSON,
Chairwoman, Committee on Science, Space, and
Technology, Washington, DC.

DEAR CHAIRWOMAN JOHNSON: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 1480, the “Helping Emergency Responders Overcome Act”, from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 1480 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1480, the Helping Emergency Responders Overcome Act, or HERO Act, which was introduced by Representative BERA, and several Members of this Chamber, including Energy and Commerce Committee colleagues BURGESS, BLUNT ROCHESTER, KELLY, KUSTER, and TONKO.

This legislation would create a database at the Centers for Disease Control and Prevention to capture public safety officer suicide incidences, and studies successful interventions. It would

also authorize a grant program for peer support and wellness programs for frontline healthcare workers and fire and emergency medical service agencies. The bill also directs the Secretary of Health and Human Services to develop best practices and share resources for addressing post-traumatic stress in public safety officers.

This legislation is incredibly timely. Emergency workers and doctors and nurses have been under incredible strain throughout the pandemic. Losing those who keep us healthy and safe will only make the crisis worse.

We must ensure that all the heroes across America on the front lines of healthcare and in law enforcement and public safety have the support they need to continue working to keep us safe.

Madam Speaker, this being National Police Officer Week, I think it is Memorial week, it is an important time to do all we can for those in law enforcement, but also public safety, as this bill addresses, and those on the front lines in healthcare.

So I encourage us to be in support of those on the front lines, and I urge a "yes" vote. Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, this one, of course, deals with trying to address behavioral mental health amongst public safety officers, and that is obviously a very important part of this package.

Madam Speaker, I would urge unanimous support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1480, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

CAMPAIGN TO PREVENT SUICIDE ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2862) to require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2862

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Campaign to Prevent Suicide Act".

SEC. 2. NATIONAL SUICIDE PREVENTION LIFE-LINE.

Section 520E-3(b)(2) of the Public Health Service Act (42 U.S.C. 290bb-36c(b)(2)) is amended by inserting after "suicide prevention hotline" the following: " , under the universal telephone number designated under Section 251(e)(4) of the Communications Act of 1934,".

SEC. 3. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

(1) IN GENERAL.—Not later than the date that is three years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the "Secretary"), in consultation with the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the "Assistant Secretary") and the Director of the Centers for Disease Control and Prevention (referred to in this section as the "Director"), shall conduct a national suicide prevention media campaign (referred to in this section as the "national media campaign"), in accordance with the requirements of this section, for purposes of—

(A) preventing suicide in the United States;

(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c)), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse and Mental Health Services Administration, and other support resources determined appropriate by the Secretary.

(2) ADDITIONAL CONSULTATION.—In addition to consulting with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

(b) TARGET AUDIENCES.—

(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

(2) TARGETING CERTAIN LOCAL AREAS.—The Secretary shall, to the maximum extent practicable, use amounts made available under subsection (f) for media that targets certain local areas or populations at disproportionate risk for suicide.

(c) USE OF FUNDS.—

(1) REQUIRED USES.—

(A) IN GENERAL.—The Secretary shall, if reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

(i) Testing and evaluation of advertising.

(ii) Evaluation of the effectiveness of the national media campaign.

(iii) Operational and management expenses.

(iv) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

(B) SPECIFIC REQUIREMENTS.—

(1) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(i), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall take into account—

(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

(II) the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

(IV) such other measures of evaluation as the Secretary determines are appropriate.

(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

(1) To supplant current suicide prevention campaigns.

(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2022 through 2026.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2862.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2862, the Campaign to Prevent Suicide Act.

Suicide, Madam Speaker, continues to be one of the leading causes of death in the United States. Last year alone, we lost more than 44,000 people to suicide deaths, placing a heavy toll on the families and friends of victims, as well as on our communities.

To help prevent suicides, we have created a lifeline that people can call when they are in crisis to get the help they need. This suicide prevention hotline has been available since 2004 through funding we have provided to the Substance Abuse and Mental Health Services Administration, and the call-in line has taken millions of calls since its inception.

Unfortunately, the call-in line was started as a 10-digit number that is hard to remember, and this could potentially be preventing essential access to support for those in crisis. In 2018, the National Suicide Hotline Improvement Act was passed with the goal of launching a new 3-digit number similar to 911 that is easy to remember during a time of crisis.

The Federal Communications Commission is now finalizing the process to launch this new 3-digit call-in line, 988, next year. Now we need to ensure people are aware of the new 3-digit number through a marketing of 988.

H.R. 2862 provides this essential next step in communicating the new lifeline number to the public, and will also

evaluate the effectiveness of the marketing to better understand how best to reach communities in need.

Madam Speaker, suicide deaths are a preventable tragedy, and this call-in line has the potential to help people in crisis and to save lives, but we need to educate people about this important resource.

Madam Speaker, I want to commend the lead sponsors of this legislation, Representatives BEYER and KINZINGER, and their staff, for their tireless work on this bill.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2862, the Campaign to Prevent Suicide Act, introduced by Representatives BEYER and KINZINGER.

This bill directs the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration to conduct a national suicide prevention education campaign, this includes promotion of the new 988 number for the National Suicide Prevention Lifeline.

The bill also helps educate Americans on ways to engage people showing signs of suicidal behavior, in order to provide them with the support they need. The bill is desperately needed as we work as a nation to emerge from an unprecedented health and economic crisis.

Madam Speaker, I ask my colleagues to come together here today and advance this legislation.

Again, this is important in terms of having the 988 number, people can reach out and have intervention. We know intervention and prevention and recognition is key to preventing people from committing suicide.

Madam Speaker, I appreciate my friends, Mr. BEYER and Mr. KINZINGER, for bringing this forward. I urge its passage.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky explained, this is a very important piece of legislation to make people aware of this 988 number to prevent suicide.

Madam Speaker, I would urge my colleagues on a bipartisan basis to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2862, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. GREENE of Georgia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2981) to amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2981

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Suicide Prevention Lifeline Improvement Act of 2021”.

SEC. 2. SUICIDE PREVENTION LIFELINE.

(a) **PLAN.**—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended—

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

“(c) **PLAN.**—

“(1) **IN GENERAL.**—For purposes of maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality service.

“(2) **CONTENTS.**—The plan required by paragraph (1) shall include the following:

“(A) Quality assurance provisions, including—

“(i) clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and

“(ii) quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives.

“(B) Standards that crisis centers and backup centers must meet—

“(i) to participate in the network under subsection (b)(1); and

“(ii) to ensure that each telephone call, online chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.

“(C) Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.

“(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

“(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

“(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

“(3) **INITIAL PLAN; UPDATES.**—The Secretary shall—

“(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2021, complete development of the initial version of the plan

required by paragraph (1), begin implementation of such plan, and make such plan publicly available; and

“(B) periodically thereafter, update such plan and make the updated plan publicly available.”.

(b) TRANSMISSION OF DATA TO CDC.—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended by inserting after subsection (c) of such section, as added by subsection (a) of this section, the following:

“(d) TRANSMISSION OF DATA TO CDC.—The Secretary shall formalize and strengthen agreements between the National Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention to transmit any necessary epidemiological data from the program to the Centers, including local call center data, to assist the Centers in suicide prevention efforts.”.

(c) AUTHORIZATION OF APPROPRIATIONS.—Subsection (e) of section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended to read as follows:

“(e) AUTHORIZATION OF APPROPRIATIONS.—“(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated \$50,000,000 for each of fiscal years 2022 through 2024.

“(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2022 through 2024, at least 80 percent shall be made available to crisis centers.”.

SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out paragraph (1), there is authorized to be appropriated \$5,000,000 for the period of fiscal years 2022 and 2023.

(b) REPORT.—Not later than 24 months after the date on which the pilot program under subsection (a) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

- (1) a full description of the program;
- (2) the number of individuals served by the program;
- (3) the average wait time for each individual to receive a response;
- (4) the cost of the program, including the cost per individual served; and
- (5) any other information the Secretary determines appropriate.

SEC. 4. HHS STUDY AND REPORT.

Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E-3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Secretary shall—

- (1) complete a study on—
 - (A) the implementation of such plan, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E-3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E-3(c); and
 - (B) in consultation with the Director of the Centers for Disease Control and Prevention,

options to expand data gathering from calls to the Suicide Prevention Lifeline in order to better track aspects of usage such as repeat calls, consistent with applicable Federal and State privacy laws; and

(2) submit a report to the Congress on the results of such study, including recommendations on whether additional legislation or appropriations are needed.

SEC. 5. GAO STUDY AND REPORT.

(a) IN GENERAL.—Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E-3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Comptroller General of the United States shall—

(1) complete a study on the Suicide Prevention Lifeline; and

(2) submit a report to the Congress on the results of such study.

(b) ISSUES TO BE STUDIED.—The study required by subsection (a) shall address—

(1) the feasibility of geolocating callers to direct calls to the nearest crisis center;

(2) operation shortcomings of the Suicide Prevention Lifeline;

(3) geographic coverage of each crisis call center;

(4) the call answer rate of each crisis call center;

(5) the call wait time of each crisis call center;

(6) the hours of operation of each crisis call center;

(7) funding avenues of each crisis call center;

(8) the implementation of the plan under section 520E-3(c) of the Public Health Service Act, as added by section 2(a) of this Act, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E-3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E-3(c); and

(9) service to individuals requesting a foreign language speaker, including—

(A) the number of calls or chats the Lifeline receives from individuals speaking a foreign language;

(B) the capacity of the Lifeline to handle these calls or chats; and

(C) the number of crisis centers with the capacity to serve foreign language speakers, in house.

(c) RECOMMENDATIONS.—The report required by subsection (a) shall include recommendations for improving the Suicide Prevention Lifeline, including recommendations for legislative and administrative actions.

SEC. 6. DEFINITION.

In this Act, the term “Suicide Prevention Lifeline” means the suicide prevention hotline maintained pursuant to section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2981.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2981, the Suicide Prevention Lifeline Improvement Act.

We have spoken a lot about suicide prevention today and recognize that this is an issue we have to address to save the lives of Americans who are in the prime of their life. And we have tens of thousands of people dying every year from suicide, and millions of people struggling with mental health issues, many of which have been exacerbated by the COVID-19 pandemic.

Fortunately, the Federal Government provides dedicated funding for a lifeline that people can call when they are in crisis, and we have recently made major investments in improving this lifeline by changing it to a 3-digit number, 988. That change is in the works now, Madam Speaker.

□ 1545

This bill will increase support for the National Suicide Prevention Lifeline to ensure that those who make the call are able to get high quality crisis service. The lifeline's network has now over 170 local call centers that answer millions of calls every year. However, we need to provide additional funding so this lifeline can respond to increasing demands. The legislation will also enhance coordination of services as well as data sharing while extending the capacity for local communities to provide services.

This bill, Madam Speaker, will ensure that the lifeline has the sufficient level of resources needed to provide high quality services for people who are reaching out for help.

Again, I want to commend the lead sponsors of this bill, Representatives KATKO, BEYER, and NAPOLITANO, and their staff for their tireless work on this bill.

Madam Speaker, I urge my colleagues to support H.R. 2981, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2981, the Suicide Prevention Lifeline Improvement Act of 2021, introduced by Representatives KATKO, NAPOLITANO, and BEYER. This legislation will increase the authorization of the National Suicide Prevention Lifeline program to \$50 million a year and ensures funding is available for the continued operation of the suicide hotline.

When an individual in crisis calls the suicide hotline, they cannot get a busy signal. This is crucial in this time of economic distress and social isolation caused by the COVID-19 pandemic. With more individuals in crisis, more calls will come. We must increase awareness of this critical resource and make it easier to remember the number. We must make sure the national suicide hotline is prepared to deal with those in crisis.

Madam Speaker, I urge my colleagues to support this important legislation.

Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. KATKO).

Mr. KATKO. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in strong support of the Suicide Prevention Lifeline Improvement Act. I was proud to introduce this legislation alongside my good friends and tremendous leaders on mental health issues, Congresswoman NAPOLITANO and Congressman BEYER.

Every year during Mental Health Awareness Month, I stand before this body to highlight the mental health crisis facing our Nation and the urgent need for action. This year, however, the issue is more critical than ever.

As the coronavirus pandemic impacted nearly every aspect of our society and daily lives, we saw devastating increases in the number of Americans suffering from mental health issues. One report by the Centers for Disease Control last June indicated that 40 percent of U.S. adults reported struggling with mental health or substance use, with nearly 11 percent of adults and over 25 percent of those aged 18 to 24 years old having seriously considered suicide. Those are stunning numbers. The threat of this pandemic was not solely a physical or financial one. It has taken a toll on the mental health of millions upon millions of Americans, and they need our support.

I am pleased that the bipartisan Suicide Prevention Lifeline Improvement Act takes important steps to provide individuals in crisis with lifesaving aid and resources by improving and strengthening the National Suicide Prevention Lifeline. Since its creation, the lifeline has been significantly underfunded and plagued with issues, like long call wait times and lack of consistency.

This bill increases the authorization from \$12 million to \$50 million, and dedicates 80 percent of that funding to local suicide crisis centers that are the backbone of the lifeline, like Contact Community Services in Syracuse, which literally saves lives every day.

The legislation also implements important quality assurance measures including the requirement to eliminate call wait times and implement evidence-based practices like follow-up and referrals to other health services that are required. For too long, the mental health and suicide crisis in our country has gone unspoken, underfunded and under-recognized. It is time we address this crisis as what it is: a crisis.

Madam Speaker, I urge my colleagues to support H.R. 2981 and other important mental health bills on the floor today.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. In closing, Madam Speaker, I appreciate my colleagues for

working very hard on this bill and all the bills for suicide preservation.

Madam Speaker, I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. In closing, Madam Speaker, this, again, is a bill to try to improve the lifeline and the use of the new 988 number. I urge its support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2981.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUICIDE PREVENTION ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2955) to authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Suicide Prevention Act".

SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

Title III of the Public Health Service Act is amended by inserting after section 317U of such Act (42 U.S.C. 247b-23) the following:

"SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

"(a) IN GENERAL.—The Secretary shall award grants to State, local, Tribal, and territorial public health departments for the expansion of surveillance of self-harm.

"(b) DATA SHARING BY GRANTEEES.—As a condition of receipt of such grant under subsection (a), each grantee shall agree to share with the Centers for Disease Control and Prevention in real time, to the extent feasible and as specified in the grant agreement, data on suicides and self-harm for purposes of—

"(1) tracking and monitoring self-harm to inform response activities to suicide clusters;

"(2) informing prevention programming for identified at-risk populations; and

"(3) conducting or supporting research.

"(c) DISAGGREGATION OF DATA.—The Secretary shall provide for the data collected through surveillance of self-harm under subsection (b) to be disaggregated by the following categories:

"(1) Nonfatal self-harm data of any intent.

"(2) Data on suicidal ideation.

"(3) Data on self-harm where there is no evidence, whether implicit or explicit, of suicidal intent.

"(4) Data on self-harm where there is evidence, whether implicit or explicit, of suicidal intent.

"(5) Data on self-harm where suicidal intent is unclear based on the available evidence.

"(d) PRIORITY.—In making awards under subsection (a), the Secretary shall give priority to eligible entities that are—

"(1) located in a State with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined by the Director of the Centers for Disease Control and Prevention;

"(2) serving an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes; or

"(3) located in a State with a high rate of coverage of statewide (or Tribal) emergency department visits, as determined by the Director of the Centers for Disease Control and Prevention.

"(e) GEOGRAPHIC DISTRIBUTION.—In making grants under this section, the Secretary shall make an effort to ensure geographic distribution, taking into account the unique needs of rural communities, including—

"(1) communities with an incidence of individuals with serious mental illness, demonstrated suicidal ideation or behavior, or suicide rates that are above the national average, as determined by the Assistant Secretary for Mental Health and Substance Use;

"(2) communities with a shortage of prevention and treatment services, as determined by the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration; and

"(3) other appropriate community-level factors and social determinants of health such as income, employment, and education.

"(f) PERIOD OF PARTICIPATION.—To be selected as a grant recipient under this section, a State, local, Tribal, or territorial public health department shall agree to participate in the program for a period of not less than 4 years.

"(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and training to grantees for collecting and sharing the data under subsection (b).

"(h) DATA SHARING BY HHS.—Subject to subsection (b), the Secretary shall, with respect to data on self-harm that is collected pursuant to this section, share and integrate such data through—

"(1) the National Syndromic Surveillance Program's Early Notification of Community Epidemics (ESSENCE) platform (or any successor platform);

"(2) the National Violent Death Reporting System, as appropriate; or

"(3) another appropriate surveillance program, including such a program that collects data on suicides and self-harm among special populations, such as members of the military and veterans.

"(i) RULE OF CONSTRUCTION REGARDING APPLICABILITY OF PRIVACY PROTECTIONS.—Nothing in this section shall be construed to limit or alter the application of Federal or State law relating to the privacy of information to data or information that is collected or created under this section.

"(j) REPORT.—

"(1) SUBMISSION.—Not later than 3 years after the date of enactment of this Act, the

Secretary shall evaluate the suicide and self-harm syndromic surveillance systems at the Federal, State, and local levels and submit a report to Congress on the data collected under subsections (b) and (c) in a manner that prevents the disclosure of individually identifiable information, at a minimum, consistent with all applicable privacy laws and regulations.

“(2) CONTENTS.—In addition to the data collected under subsections (b) and (c), the report under paragraph (1) shall include—

“(A) challenges and gaps in data collection and reporting;

“(B) recommendations to address such gaps and challenges; and

“(C) a description of any public health responses initiated at the Federal, State, or local level in response to the data collected.

“(k) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2022 through 2026.”.

SEC. 3. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

Part B of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

“SEC. 520N. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

“(a) IN GENERAL.—The Secretary of Health and Human Services shall award grants to hospital emergency departments to provide self-harm and suicide prevention services.

“(b) ACTIVITIES SUPPORTED.—

“(1) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall use amounts under the grant to implement a program or protocol to better prevent suicide attempts among hospital patients after discharge, which may include—

“(A) screening patients for self-harm and suicide in accordance with the standards of practice described in subsection (e)(1) and standards of care established by appropriate medical and advocacy organizations;

“(B) providing patients short-term self-harm and suicide prevention services in accordance with the results of the screenings described in subparagraph (A); and

“(C) referring patients, as appropriate, to a health care facility or provider for purposes of receiving long-term self-harm and suicide prevention services, and providing any additional follow up services and care identified as appropriate as a result of the screenings and short-term self-harm and suicide prevention services described in subparagraphs (A) and (B).

“(2) USE OF FUNDS TO HIRE AND TRAIN STAFF.—Amounts awarded under subsection (a) may be used to hire clinical social workers, mental and behavioral health care professionals, and support staff as appropriate, and to train existing staff and newly hired staff to carry out the activities described in paragraph (1).

“(c) GRANT TERMS.—A grant awarded under subsection (a)—

“(1) shall be for a period of 3 years; and

“(2) may be renewed subject to the requirements of this section.

“(d) APPLICATIONS.—A hospital emergency department seeking a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

“(e) STANDARDS OF PRACTICE.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this section, the Secretary shall develop standards of practice for screening patients for self-harm and suicide for purposes of carrying out subsection (b)(1)(C).

“(2) CONSULTATION.—The Secretary shall develop the standards of practice described

in paragraph (1) in consultation with individuals and entities with expertise in self-harm and suicide prevention, including public, private, and non-profit entities.

“(f) REPORTING.—

“(1) REPORTS TO THE SECRETARY.—

“(A) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall, at least quarterly for the duration of the grant, submit to the Secretary a report evaluating the activities supported by the grant.

“(B) MATTERS TO BE INCLUDED.—The report required under subparagraph (A) shall include—

“(i) the number of patients receiving—

“(I) screenings carried out at the hospital emergency department;

“(II) short-term self-harm and suicide prevention services at the hospital emergency department; and

“(III) referrals to health care facilities for the purposes of receiving long-term self-harm and suicide prevention;

“(ii) information on the adherence of the hospital emergency department to the standards of practice described in subsection (f)(1); and

“(iii) other information as the Secretary determines appropriate to evaluate the use of grant funds.

“(2) REPORTS TO CONGRESS.—Not later than 2 years after the date of the enactment of the Suicide Prevention Act, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the grant program under this section, including—

“(A) a summary of reports received by the Secretary under paragraph (1); and

“(B) an evaluation of the program by the Secretary.

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$30,000,000 for each of fiscal years 2022 through 2026.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2955.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2955, the Suicide Prevention Act. This is among several bills being considered today that is specifically aimed at suicide prevention. The reason for these legislative efforts is that suicide is a devastating and preventable tragedy that strikes far too many Americans; and there is legitimate reason for us to be concerned that this preventable cause of death may become worse as we fully uncover the impact of the pandemic on American lives. We know that more people

than ever are suffering from mental health issues, and suicide is unfortunately a devastating consequence of untreated mental illness.

So we have to act now to better understand the risk factors for suicide and self-harm, train providers on how to better manage patients, and improve our ability to detect suicide deaths and self-harm in our communities. This bill does each of these things.

The Suicide Prevention Act, introduced by Representatives STEWART and MATSUI, will enhance collection and sharing of important data while also providing funding for programs that train and equip emergency department personnel in how to prevent suicide.

The bill also enables surveillance of self-harm to inform better health strategies aimed at prevention, Madam Speaker. It also supports emergency departments to better screen and treat high-risk patients, and it also calls for development and deployment of best practices in suicide prevention for all healthcare providers.

So, in closing, we know that suicide is one of the leading causes of preventable death in the United States—particularly for young people—and we have to act. I commend the work of the sponsors of this bill, Representatives STEWART and MATSUI, in creating this important bill. I look forward to passing the bill today, and I hope that the Senate will act on it swiftly.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2955, the Suicide Prevention Act, spearheaded by Representatives STEWART and MATSUI.

This legislation establishes two grant programs to prevent self-harm and suicide. The first grant program would train emergency room personnel in suicide prevention strategies and screening. The bill also establishes a grant program to enhance data collection and sharing of suicide information to help save lives.

I thank my colleagues for bringing forward this important legislation, and I urge my colleagues to vote in favor of this important initiative.

Madam Speaker, seeing no additional speakers, I yield back the balance of my time.

Mr. PALLONE. In closing, Madam Speaker, again, this bill is part of our strategy in prevention. I urge my colleagues to support it on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2955.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

BLOCK, REPORT, AND SUSPEND SUSPICIOUS SHIPMENTS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 768) to amend the Controlled Substances Act to clarify the process for registrants to exercise due diligence upon discovering a suspicious order, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 768

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Block, Report, And Suspend Suspicious Shipments Act of 2021”.

SEC. 2. CLARIFICATION OF PROCESS FOR REGISTRANTS TO EXERCISE DUE DILIGENCE UPON DISCOVERING A SUSPICIOUS ORDER.

(a) IN GENERAL.—Paragraph (3) of section 312(a) of the Controlled Substances Act (21 U.S.C. 832(a)) is amended to read as follows:

“(3) upon discovering a suspicious order or series of orders—

“(A) exercise due diligence;

“(B) establish and maintain (for not less than a period to be determined by the Administrator of the Drug Enforcement Administration) a record of the due diligence that was performed;

“(C) decline to fill the order or series of orders if the due diligence fails to resolve all of the indicators that gave rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser; and

“(D) notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business of—

“(i) each suspicious order or series of orders discovered by the registrant; and

“(ii) the indicators giving rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser.”.

(b) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, for purposes of section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), the Attorney General of the United States shall promulgate a final regulation specifying the indicators that give rise to a suspicion that filling an order or series of orders would cause a violation of the Controlled Substances Act (21 U.S.C. 801 et seq.) by a registrant or a prospective purchaser.

(c) APPLICABILITY.—Section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), shall apply beginning on the day that is 1 year after the date of enactment of this Act. Until such day, section 312(a)(3) of the Controlled Substances Act shall apply as such section 312(a)(3) was in effect on the day before the date of enactment of this Act.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 768.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 768, the Block, Report, And Suspend Suspicious Shipments Act of 2021.

Since 1999, more than 841,000 Americans have died from a drug overdose. In the early years of this epidemic, many of these deaths involved prescription opioids. Then in 2010 we began seeing dramatic increases from heroin-involved deaths, and now we are seeing a third wave, Madam Speaker, involving synthetic opioids like illicitly manufactured fentanyl.

In those earlier years, Americans across the country became addicted to opioids. Many of those opioids were prescribed to patients to treat pain. However, throughout the years, we have discovered that many of these opioids were diverted through a system meant to prevent diversion.

The Drug Enforcement Administration requires entities that manufacture or distribute controlled substances to register and report their activities through ARCOS, a system meant to track the manufacture, distribution, and dispensing of these substances. In this system, registrants are also expected to disclose suspicious orders of controlled substances such as orders of unusual size, orders deviating from a normal pattern, or orders of an unusual frequency.

H.R. 768 will improve reporting and action on suspicious orders by clarifying the responsibilities of drug manufacturers and distributors when discovering a suspicious order. The legislation also requires that this discovery be reported to DEA, which will help all entities to better identify suspicious activity and root out bad actors.

This is a commonsense bill that will make clear the responsibilities for all

entities in our supply chain, and hopefully help to deter opioid diversion and trafficking.

I commend the lead sponsors of this legislation, Representatives DINGELL and MCKINLEY, and their staff, for their work on this bill.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON THE JUDICIARY,

Washington, DC, May 5, 2021.

Hon. FRANK PALLONE, JR.,

Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMAN PALLONE: This is to advise you that the Committee on the Judiciary has now had an opportunity to review the provisions in H.R. 768, the “Block, Report, And Suspend Suspicious Shipments Act of 2021,” that fall within our Rule X jurisdiction. I appreciate your consulting with us on those provisions. The Judiciary Committee has no objection to your including them in the bill for consideration on the House floor, and to expedite that consideration is willing to forgo action on H.R. 768, with the understanding that we do not thereby waive any future jurisdictional claim over those provisions or their subject matters.

In the event a House-Senate conference on this or similar legislation is convened, the Judiciary Committee reserves the right to request an appropriate number of conferees to address any concerns with these or similar provisions that may arise in conference.

Please place this letter into the Congressional Record during consideration of the measure on the House floor. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our committees.

Sincerely,

JERROLD NADLER,

Chairman.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, May 7, 2021.

Hon. JERROLD NADLER,

Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN NADLER: Thank you for consulting with the Committee on Energy and Commerce and agreeing to be discharged from further consideration of H.R. 768, the “Block, Report, And Suspend Suspicious Shipments Act of 2021,” so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will seek to place our letters on H.R. 768 into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,

Chairman.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today to express my strong support for H.R. 768, the Block, Report, And Suspend Shipments Act of 2021, which was led by my

Energy and Commerce Committee colleagues, MCKINLEY and DINGELL.

This bill addresses an alarming problem that was identified in the Energy and Commerce Committee's 2018 bipartisan investigation into the distribution of prescription opioids by wholesale drug distributors.

The committee found that when millions of prescription opioids were dumped into communities large and small across the country, the distributors flagged the orders for the DEA, but shipped the orders anyway—even after notifying the authorities that the orders were suspicious.

□ 1600

This bill places additional obligations on drug manufacturers and distributors that discover a controlled substance suspicious order.

In addition to reporting the suspicious order to the DEA, H.R. 768 requires the manufacturer or distributor to exercise due diligence, decline to fill the order, and provide information to the DEA on the indicators that led to the belief that filling the order would violate the Controlled Substances Act.

All stakeholders have important roles to play in preventing substance use disorders, and it is critical that our pharmaceutical manufacturers and distributors step up in stopping pill dumping.

I urge a “yes” vote, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL), who is the author of this bill and oftentimes presents to the House commonsense action plans on important issues.

Mrs. DINGELL. Madam Speaker, I thank the gentleman for being a very good and fair chairman.

I rise in support of the Block, Report, And Suspend Suspicious Shipments Act. This bipartisan legislation would implement safeguards against pill dumping and other abusive practices to address the ongoing opioid epidemic, which remains one of the most pressing public health threats facing our country.

Last year, over 88,000 Americans lost their lives as a result of the opioid crisis, including 2,650 individuals in my home State of Michigan. Communities across the country are hurting, and new tools to address pill dumping and other dodgy practices that have exacerbated the opioid crisis are needed now more than ever.

The Block, Report, And Suspend Suspicious Shipments Act will strengthen oversight and integrity of the opioid supply chain by requiring that drug manufacturers and distributors exercise due diligence when they receive a suspicious order for controlled substances. This includes blocking or declining to fill the suspicious order and providing DEA additional data and background on the indicators of the order in question.

This legislation's commonsense protection will save lives in Michigan and all around this country by making distributors and manufacturers active partners in curbing these abuses.

I would like to recognize my colleague, Congressman MCKINLEY, for his record of leadership, concern, empathy, compassion, and working to address this longstanding issue that has helped perpetuate the opioid crisis.

I would also like to thank Chairman PALLONE and Ranking Member RODGERS, as well as the Democratic and Republican committee staff, for their hard work to build consensus and advance this important bipartisan priority.

I urge my colleagues to support this legislation.

Mr. GUTHRIE. Madam Speaker, I yield myself the balance of my time.

My good friend from Michigan thanked the Republican and Democratic staff. We have gone through a series of bills and have another one to go, most dealing with substance use disorders, mental health, and suicide prevention, and all of them brought to the floor in a bipartisan way. That happens with Members working together, but it also happens with staff working long hours together. We certainly appreciate all of them who are here with us on the floor or not on the floor this afternoon.

This is important. We did an oversight investigation. We did a committee investigation and saw what seemed to us obvious quantities of pills being distributed that should be raised to the attention of people.

I think my friend from Michigan said it best when she said this is common sense, so we want to make sure we clarify the role of pharmaceutical manufacturers and distributors.

This is a good bill, and I urge its support.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself the balance of my time.

I appreciate my colleague from Kentucky referencing the investigation that was done that led to this bill and other legislation. Many times, I think the public doesn't realize that our committees do a lot of investigative work that leads to important legislation. This is certainly an example.

Again, I thank Mrs. DINGELL, in particular, because this is something that I think will help us with the supply chain and, hopefully, deter opioid diversion and trafficking.

Madam Speaker, I urge bipartisan support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 768.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

FAIRNESS IN ORPHAN DRUG EXCLUSIVITY ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1629) to amend the Federal Food, Drug, and Cosmetic Act with respect to limitations on exclusive approval or licensure of orphan drugs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1629

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Fairness in Orphan Drug Exclusivity Act”.

SEC. 2. LIMITATIONS ON EXCLUSIVE APPROVAL OR LICENSURE OF ORPHAN DRUGS.

(a) IN GENERAL.—Section 527 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360cc) is amended—

(1) in subsection (a), by striking “Except as provided in subsection (b)” and inserting “Except as provided in subsection (b) or (f)”; and

(2) by adding at the end the following:

“(f) LIMITATIONS ON EXCLUSIVE APPROVAL, CERTIFICATION, OR LICENSE.—

“(1) IN GENERAL.—For a drug designated under section 526 for a rare disease or condition pursuant to the criteria set forth in subsection (a)(2)(B) of such section, the Secretary shall not grant, recognize, or apply exclusive approval or licensure under subsection (a), and, if such exclusive approval or licensure has been granted, recognized, or applied, shall revoke such exclusive approval or licensure, unless the sponsor of the application for such drug demonstrates—

“(A) with respect to an application approved or a license issued after the date of enactment of this subsection, upon such approval or issuance, that there is no reasonable expectation at the time of such approval or issuance that the cost of developing and making available in the United States such drug for such disease or condition will be recovered from sales in the United States of such drug, taking into account all sales made or reasonably expected to be made within 12 years of first marketing the drug; or

“(B) with respect to an application approved or a license issued on or prior to the date of enactment of this subsection, not later than 60 days after such date of enactment, that there was no reasonable expectation at the time of such approval or issuance that the cost of developing and making available in the United States such drug for such disease or condition would be recovered from sales in the United States of such drug, taking into account all sales made or reasonably expected to be made within 12 years of first marketing the drug.

“(2) CONSIDERATIONS.—For purposes of subparagraphs (A) and (B) of paragraph (1), the Secretary and the sponsor of the application for the drug designated for a rare disease or condition described in such paragraph shall consider sales from all drugs that—

“(A) are developed or marketed by the same sponsor or manufacturer of the drug

(or a licensor, predecessor in interest, or other related entity to the sponsor or manufacturer); and

“(B) are covered by the same designation under section 526.

“(3) CRITERIA.—No drug designated under section 526 for a rare disease or condition pursuant to the criteria set forth in subsection (a)(2)(B) of such section shall be eligible for exclusive approval or licensure under this section unless it met such criteria under such subsection on the date on which the drug was approved or licensed.”.

(b) RULE OF CONSTRUCTION.—The amendments made in subsection (a) shall apply to any drug that has been or is hereafter designated under section 526 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bb) for a rare disease or condition pursuant to the criteria under subsection (a)(2)(B) of such section regardless of—

(1) the date on which such drug is designated or becomes the subject of a designation request under such section;

(2) the date on which such drug is approved under section 505 of such Act (21 U.S.C. 355) or licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) or becomes the subject of an application for such approval or licensure; and

(3) the date on which such drug is granted exclusive approval or licensure under section 527 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360cc) or becomes the subject of a request for such exclusive approval or licensure.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1629.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 1629, the Fairness in Orphan Drug Exclusivity Act. The legislation will close a loophole in the orphan drug program to ensure generic drugs can come to market and are not unfairly blocked by their brand competitors.

This bill, which passed the House by a voice vote last Congress, takes steps to address two crises: one, the soaring cost of prescription drugs; and, two, the ongoing opioid crisis. It deserves our bipartisan support once again today.

The Orphan Drug Act has been successful in driving research and discovery of new therapies to treat and even cure rare diseases. The law incentivizes the development of these therapies, including by awarding 7 years of market exclusivity and two pathways for manufacturers to receive these incentives.

Under the first pathway, orphan drug status may be awarded when manufacturers develop drugs approved to treat diseases with patient populations of 200,000 or fewer. Under the second pathway, through the rarely used cost recovery pathway, they may receive orphan drug status if drug research and development costs are not expected to be recouped by sales of the underlying drug.

Now, under certain circumstances, a manufacturer may also get additional rounds of exclusivity for additional drugs in their portfolio if they treat the same condition and have the same active ingredient, even if the second drug does not meet the orphan drug qualifications. This provision has allowed some manufacturers to circumvent the original intent of the Orphan Drug Act, which was to incentivize the creation of novel drugs for small populations.

Because of this loophole, some manufacturers have been able to market widely used drugs to large populations, all while retaining exclusivity and blocking generic competition from coming to market.

An example of this recently occurred when a formulation of bupe, a drug to treat opioid use disorder, was approved in 2017 and was allowed to carry the orphan drug designation granted to its manufacturer's original bupe drug more than 20 years earlier in 1994.

When the original 1994 orphan drug designation was granted, it was expected that this drug would not be prescribed frequently. However, as the opioid crisis worsened, and our response to the crisis evolved, millions were eventually prescribed the treatment, generating billions in sales.

Clearly, we knew in 2017 that bupe was not an orphan drug. Nevertheless, the drug was granted orphan drug status and exclusivity, and that delayed additional forms of generic competition.

While the FDA eventually recognized this issue with this particular drug and revoked its orphan drug designation, its exclusivity delayed generic competition that otherwise would have been on the market.

We need, Madam Speaker, every tool available to us to combat the opioid epidemic, including low-cost, affordable medication treatments, and loopholes like this one should not be allowed to limit access to low-cost drugs.

H.R. 1629 would stop this from happening again in the future. It requires drug manufacturers to demonstrate in their application to the FDA that each drug application considered under the cost recovery pathway would fail to re-

coup development costs. The legislation would also ensure that these rules apply to drugs already on the market.

This bill is a narrowly tailored fix for a narrow but very real loophole in the law. I thank Representative DEAN from Pennsylvania for introducing this bill. It passed the House on a bipartisan basis, by voice vote, and without opposition last Congress. I look forward to it passing with bipartisan support again today and getting it through the Senate and to President Biden's desk so it can become law. I urge all of my colleagues to support the bill.

Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of the Fairness in Orphan Drug Exclusivity Act.

The Orphan Drug Act was enacted to incentivize the development of drugs for rare diseases by giving products that receive an orphan drug designation 7 years of market exclusivity, meaning a drug produced by another manufacturer that contains the same active ingredient to treat the same condition is barred from entering the market during this time.

One way a drug can receive an orphan designation and, subsequently, market exclusivity is by the manufacturer's demonstration that there is no reasonable expectation that the cost of developing the drug will be recovered. However, we have seen in recent years that some drug manufacturers, in an effort to block competitors from the market, have tried to take advantage of a loophole in the law. Existing law allows an orphan drug designation and market exclusivity to carry forward to future versions of the same drug without requiring the manufacturer to demonstrate that the drug has not been, and remains unlikely to be, profitable.

This legislation will close that loophole, requiring manufacturers to show there is no reasonable expectation that the cost of research and development will be covered for each successor drug, while still preserving incentives for orphan drug development.

We must preserve incentives to innovate while preventing bad actors from exploiting those incentives to benefit from a national crisis, as we saw during the opioid epidemic.

While no drug currently benefits from market exclusivity awarded through this mechanism, I remain concerned about including language that allows for the retroactive revocation of an incentive through legislation.

Legislation that sets a precedent of revoking a benefit awarded prior to enactment creates a slippery slope and could chill innovation if adopted elsewhere in statute. While this bill itself is narrowly tailored, we do not want uncertainty caused by Congress retroactively legislating to discourage truly innovative drugs from coming to the

market, especially for the rare disease community.

However, I will support this bill as it moves forward today as I believe it is important to prevent the abuse of this program in the future. I look forward to continuing discussions to come to a resolution on this outstanding concern as we work with the Senate to get this bill to the President's desk.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Pennsylvania (Ms. DEAN), the author of this legislation, which is important because whenever we can encourage generics and make drugs more affordable, it is certainly to the benefit of the American people.

□ 1615

Ms. DEAN. Madam Speaker, I thank Representative GUTHRIE and Chairman PALLONE for their support of this critical legislation.

Madam Speaker, I rise in support of H.R. 1629, the Fairness in Orphan Drug Exclusivity Act.

This crucial legislation would close a loophole in the current law that can be used to block competition in the pharmaceutical marketplace.

The Orphan Drug Act of 1983 provided incentives for prescription drug manufacturers to develop products to treat rare diseases. This includes an exclusive 7-year marketing right for therapies that receive an orphan drug designation.

For a drug to qualify, it must either be a treatment for a disease or a condition that affects fewer than 200,000 people in the United States, or is a drug intended for diseases that there is no reasonable expectation to recoup research and development costs.

This legislation focuses on the drugs intended for diseases that there is no reasonable expectation to recoup research and development costs. It would require all drug manufacturers who obtain orphan drug status to prove that they have no reasonable expectation that they will recover their research and development costs and efforts.

This legislation works to prevent companies from continuing to use orphan drug exclusivity status for a newly approved drug, with an identical ingredient to the former version, without having to prove the inability to recoup costs.

This exact circumstance happened when a manufacturer of a buprenorphine product updated an older product that received orphan drug status and subsequently was given a renewed orphan drug exclusivity. Buprenorphine is used as a treatment for opioid use disorder to help those recovering from addiction. Unfortunately, at the time, the opioid epidemic was raging. It was, by no means, a rare disease, and the drug was not a market loser.

Closing this loophole will ensure that products do not receive an unfair mar-

ket advantage and, therefore, remains consistent with the spirit and intent of the Orphan Drug Act. We must work to ensure people can gain access to newer therapies and medically assisted treatments that are potentially blocked due to orphan designation.

Madam Speaker, I thank Representative MARC VEASEY for introducing this legislation along with me. I thank my colleagues in the House for passing this bill without objection on a voice vote just 6 months ago in the 116th Congress.

Again, I thank Chairman PALLONE for bringing this bill forward and for his leadership on substance use disorder and behavioral health issues more broadly.

Madam Speaker, I urge Members to support this bill.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume for the purpose of closing.

Madam Speaker, it is so important that we have the Orphan Drug Act. We have so many people who have rare diseases come to our offices and visit us on Capitol Hill, as they should. Hopefully we will be able to do that again soon. It just touches your heart. Many of these diseases have so few people affected by it; but if it is you or your child or somebody in your family, it is devastating.

We have all seen the power of the private marketplace to come in and produce these pharmaceuticals that make a difference. So we have to have provisions to allow these drugs to come into the marketplace and incentivize that private innovation moving forward.

But when people use that in order to move forward, this loophole has to be closed. I am glad that it is here, and it is these things that we need to work on. It is really not specifically here; it is just maybe a slippery slope in other places as we move forward.

I thank my friend from Pennsylvania for bringing this forward, and the Energy and Commerce Committee for addressing this, because we have to preserve orphan drug status for those afflicted by the rarest and the most devastating diseases. We also need to bring lower drug prices to Americans, and we can do that working together.

Madam Speaker, I appreciate this being brought forward. I urge my colleagues to support this piece of legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume for the purpose of closing.

Madam Speaker, I thank Representative GUTHRIE for his remarks about trying to work together to lower the cost of prescription drugs. I thank Congresswoman DEAN because this is a part of that effort.

As you will note, today, we had a whole package dealing with mental health, behavioral health, and other drug activities. It is very important that we move this whole package and

try to get it passed in the Senate as quickly as possible.

Madam Speaker, I urge support for this legislation on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1629.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GUTHRIE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO YEMEN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 117-37)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13611 of May 16, 2012, with respect to Yemen is to continue in effect beyond May 16, 2021.

The actions and policies of certain former members of the Government of Yemen and others continue to threaten Yemen's peace, security, and stability. These actions include obstructing the political process in Yemen and the implementation of the agreement of November 23, 2011, between the Government of Yemen and those in opposition to it, which provided for a peaceful transition of power that meets the legitimate demands and aspirations of the Yemeni people. For this reason, I have determined that it is necessary to continue the national emergency declared in Executive Order 13611 with respect to Yemen.

JOSEPH R. BIDEN, Jr.
THE WHITE HOUSE, May 11, 2021.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO SECURING THE INFORMATION AND COMMUNICATIONS TECHNOLOGY AND SERVICES SUPPLY CHAIN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 117-38)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date.

In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13873 of May 15, 2019, with respect to securing the information and communications technology and services supply chain, is to continue in effect beyond May 15, 2021.

The unrestricted acquisition or use in the United States of information and communications technology or services designed, developed, manufactured, or supplied by persons owned by, controlled by, or subject to the jurisdiction or direction of foreign adversaries augments the ability of these foreign adversaries to create and exploit vulnerabilities in information and communications technology or services, with potentially catastrophic effects. This threat continues to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. Therefore, I have determined that it is necessary to continue the national emergency declared in Executive Order 13873 with respect to securing the information and communications technology and services supply chain.

JOSEPH R. BIDEN, Jr.
THE WHITE HOUSE, May 11, 2021.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 23 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. DINGELL) at 6 o'clock and 30 minutes p.m.

FAIRNESS IN ORPHAN DRUG EXCLUSIVITY ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1629) to amend the Federal Food, Drug, and Cosmetic Act with respect to limitations on exclusive approval or licensure of orphan drugs, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 250, nays 168, not voting 12, as follows:

[Roll No. 134]
YEAS—250

| | | |
|-----------------|-----------------|---------------|
| Adams | Fitzpatrick | Mace |
| Aguilar | Fletcher | Malinowski |
| Allred | Poster | Malliotakis |
| Auchincloss | Frankel, Lois | Maloney, |
| Axne | Gallego | Carolyn B. |
| Barragán | Garamendi | Maloney, Sean |
| Bass | Garbarino | Manning |
| Beatty | Garcia (CA) | Massie |
| Bera | Garcia (IL) | Matsui |
| Beyer | Garcia (TX) | McBath |
| Bishop (GA) | Gomez | McCaul |
| Blumenauer | Gonzales, Tony | McClintock |
| Blunt Rochester | Gonzalez (OH) | McCollum |
| Bonamici | Gonzalez, | McEachin |
| Bost | Vicente | McGovern |
| Bourdeaux | Gottheimer | McNerney |
| Bowman | Green, Al (TX) | Meeks |
| Boyle, Brendan | Grijalva | Meijer |
| F. | Harder (CA) | Meng |
| Brown | Hartzler | Mfume |
| Brownley | Hayes | Moore (WI) |
| Burchett | Herrera Beutler | Morelle |
| Bush | Higgins (NY) | Moulton |
| Bustos | Himes | Mrvan |
| Carbajal | Hollingsworth | Murphy (FL) |
| Cárdenas | Horsford | Nadler |
| Carson | Houlahan | Napolitano |
| Carter (LA) | Hoyer | Neguse |
| Cartwright | Huffman | Newhouse |
| Case | Jackson Lee | Newman |
| Casten | Jacobs (CA) | Noel |
| Castor (FL) | Jacobs (NY) | O'Halleran |
| Castro (TX) | Jayapal | Ocasio-Cortez |
| Cawthorn | Jeffries | Omar |
| Chu | Johnson (GA) | Pallone |
| Cicilline | Johnson (SD) | Panetta |
| Clark (MA) | Johnson (TX) | Pappas |
| Clarke (NY) | Jones | Pascarella |
| Cleaver | Kahele | Payne |
| Clyburn | Kaptur | Perlmutter |
| Cohen | Katko | Peters |
| Connolly | Keating | Phillips |
| Cooper | Kelly (IL) | Pingree |
| Correa | Khanna | Pocan |
| Costa | Kildee | Porter |
| Courtney | Kilmer | Pressley |
| Craig | Kim (CA) | Price (NC) |
| Crist | Kim (NJ) | Quigley |
| Crow | Kind | Raskin |
| Cuellar | Kinzinger | Rice (NY) |
| Davids (KS) | Kirkpatrick | Ross |
| Davidson | Krishnamoorthi | Roybal-Allard |
| Davis, Danny K. | Kuster | Ruiz |
| Dean | Lamb | Ruppersberger |
| DeGette | Langevin | Rush |
| DeLauro | Larsen (WA) | Ryan |
| DelBene | Larson (CT) | Salazar |
| Delgado | Lawrence | Sánchez |
| Demings | Lawson (FL) | Sarbanes |
| DeSaulnier | Lee (CA) | Scanlon |
| Deutch | Lee (NV) | Schakowsky |
| Dingell | Leger Fernandez | Schiff |
| Doggett | Levin (CA) | Schneider |
| Doyle, Michael | Levin (MI) | Schrader |
| F. | Lieu | Schrier |
| Escobar | Lofgren | Scott (VA) |
| Eshoo | Lowenthal | Scott, David |
| Españolat | Luria | Sewell |
| Evans | Lynch | Sherman |

| | | |
|------------|---------------|----------------|
| Sherrill | Taylor | Vargas |
| Sires | Tenney | Veasey |
| Slotkin | Thompson (CA) | Vela |
| Smith (NJ) | Thompson (MS) | Velázquez |
| Smith (WA) | Titus | Wagner |
| Soto | Tlaib | Walorski |
| Spanberger | Tonko | Wasserman |
| Speier | Torres (CA) | Schultz |
| Stanton | Torres (NY) | Waters |
| Steel | Trahan | Watson Coleman |
| Stevens | Trone | Welch |
| Stivers | Underwood | Wexton |
| Strickland | Upton | Wild |
| Suozzi | Valadao | Williams (GA) |
| Swalwell | Van Drew | Wilson (FL) |
| Takano | Van Duyne | Yarmuth |

NAYS—168

| | | |
|--------------|--------------|---------------|
| Aderholt | Gallagher | Miller (WV) |
| Allen | Gibbs | Miller-Meeks |
| Amodei | Gimenez | Moolenaar |
| Armstrong | Gohmert | Mooney |
| Arrington | Good (VA) | Moore (UT) |
| Babin | Gooden (TX) | Mullin |
| Bacon | Gosar | Murphy (NC) |
| Baird | Granger | Nehls |
| Balderson | Graves (LA) | Norman |
| Banks | Graves (MO) | Nunes |
| Barr | Green (TN) | Oberholte |
| Bentz | Greene (GA) | Palazzo |
| Bergman | Griffith | Palmer |
| Bice (OK) | Grothman | Pence |
| Biggs | Guest | Perry |
| Bilirakis | Guthrie | Pfluger |
| Bishop (NC) | Hagedorn | Posey |
| Boebert | Harris | Reed |
| Brady | Harshbarger | Reschenthaler |
| Brooks | Hern | Rice (SC) |
| Buchanan | Herrell | Rodgers (WA) |
| Buck | Hice (GA) | Rogers (AL) |
| Bucshon | Higgins (LA) | Rogers (KY) |
| Budd | Hill | Rose |
| Calvert | Hinson | Rosendale |
| Cammack | Hudson | Rouzer |
| Carl | Huizenga | Roy |
| Carter (GA) | Issa | Rutherford |
| Carter (TX) | Jackson | Scalise |
| Chabot | Johnson (LA) | Schweikert |
| Cheney | Johnson (OH) | Scott, Austin |
| Cline | Jordan | Simpson |
| Cloud | Joyce (OH) | Smith (MO) |
| Clyde | Joyce (PA) | Smith (NE) |
| Cole | Keller | Smucker |
| Comer | Kelly (MS) | Spartz |
| Crawford | Kelly (PA) | Stauber |
| Crenshaw | Kustoff | Stefanik |
| Curtis | LaHood | Steil |
| DesJarlais | LaMalfa | Steube |
| Diaz-Balart | Lamborn | Stewart |
| Donalds | Latta | Tiffany |
| Duncan | LaTurner | Timmons |
| Emmer | Lesko | Turner |
| Estes | Letlow | Walberg |
| Fallon | Long | Waltz |
| Feenstra | Loudermilk | Weber (TX) |
| Ferguson | Lucas | Wenstrup |
| Fischbach | Luetkemeyer | Westerman |
| Fitzgerald | Mann | Williams (TX) |
| Fleischmann | Mast | Wilson (SC) |
| Fortenberry | McCarthy | Wittman |
| Fox | McClain | Womack |
| Franklin, C. | McHenry | Young |
| Scott | McKinley | Zeldin |
| Fulcher | Meuser | |
| Gaetz | Miller (IL) | |

NOT VOTING—12

| | | |
|---------------|------------|---------------|
| Burgess | Dunn | Owens |
| Butterfield | Golden | Sessions |
| Davis, Rodney | Moore (AL) | Thompson (PA) |
| DeFazio | Neal | Webster (FL) |

□ 1905

Messrs. STEWART, GALLAGHER, Ms. LETLOW, and Mr. GROTHMAN changed their vote from “yea” to “nay.”

Mses. MACE and TENNEY changed their vote from “nay” to “yea.”

So (two-thirds not being in the affirmative) the motion was rejected.

The result of the vote was announced as above recorded.

MEMBERS RECORDED PURSUANT TO HOUSE
RESOLUTION 8, 117TH CONGRESS

| | | |
|------------------|--------------------|------------------|
| Allred (Stevens) | Lieu (Beyer) | Ruppersberger |
| Cárdenas | Lofgren (Jeffries) | (Raskin) |
| (Gallego) | Lowenthal | Rush |
| Crenshaw | (Beyer) | (Underwood) |
| (Pfluger) | Maloney, | Sewell (Del |
| Doggett (Raskin) | Carolyn B. | Bene) |
| Eshco | (Velázquez) | Strickland (Del |
| (Thompson | McEachin | Bene) |
| (CA)) | (Wexton) | Titus (Connolly) |
| Fallon (Joyce | Meng (Clark | Torres (NY) |
| (OH)) | (MA)) | (Auchincloss) |
| Grijalva (Garcia | Mfume | Van Dyne (Bice |
| (IL)) | (Connolly) | (OK)) |
| Johnson (TX) | Moore (WI) | Walorski |
| (Jeffries) | (Beyer) | (Wagner) |
| Kind (Connolly) | Napolitano | Wilson (FL) |
| Kirkpatrick | (Correa) | (Hayes) |
| (Stanton) | Payne (Pallone) | |
| Lawson (FL) | Porter (Wexton) | |
| (Evans) | Ruiz (Aguilar) | |

NATIONAL MENTAL HEALTH
AWARENESS MONTH

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, I rise today as May marks National Mental Health Awareness month, a time when Americans recommit themselves to building better futures for those struggling with a mental health condition, erasing the stigma around those seeking help, and elevating barriers to high quality and timely mental health care.

According to a 2020 report released by Congress' Joint Economic Committee, over 40 percent of adults surveyed reported a negative mental or behavioral health condition exacerbated by the coronavirus. Ending the mental health and addiction crises is a mission that can unite all of our communities because, just like mine in northern Ohio, there isn't a single community that hasn't struggled with both.

I commend my colleagues with legislation on the floor today, including Mrs. WATSON COLEMAN's bill to reauthorize the Minority Fellowship Program to support more students of color entering the mental health workforce, who are dedicated to addressing mental health disparities among underserved populations.

It is time, and over time, for Congress to take meaningful action, targeting provider shortages, reimbursement parity, housing support, treatment, and more Federal funding to push the bounds of Federal research.

We have strong allies in the administration who care about these issues. I look forward to rolling up my sleeves to work with them, and across the aisle. We are only getting started.

RECOGNIZING LINDSEY WILSON
COLLEGE FOOTBALL TEAM

(Mr. COMER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COMER. Mr. Speaker, I rise today to recognize the Lindsey Wilson College football team of Columbia, Kentucky, for winning the 2020 NAIA National Football Championship.

The Lindsey Wilson football team finished their undefeated season as national champs Monday night, beating Northwestern College from Iowa 45-13, adding another championship to their season after already winning the Mid-South Conference. Even more impressively, the Blue Raiders dominated opponents every game during the regular season, outscoring them by an average of 32 points a game.

Lindsey Wilson College did not have a football team from 1935 to 2009. Football was reintroduced to campus in 2010, after an 86-year absence, and it has not taken long for the Blue Raiders to reach the pinnacle of NAIA football.

I commend Athletic Director Willis Pooler and Head Coach Chris Oliver for building a championship-caliber program in just over a decade. This accomplishment is also a testament to every player's hard work and dedication during an unprecedented year.

Once again, congratulations to the national champion Lindsey Wilson College football team on this outstanding achievement.

□ 1915

MENTAL HEALTH MONTH

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, I rise today to commemorate Mental Health Month and to acknowledge as I presided today on the floor the number of mental health bills that were passed today ready to be approved by the Senate and as well to be signed by the President.

Mr. Speaker, I worked closely with my constituents during COVID-19 and really worked with the city of Houston to use CARES money to develop a call center for the stressed people in my community.

Mental health is real. Mental health issues are real, and it is imperative that we continue on the Federal level to provide the resources to help our families, to educate our families, to provide counseling for our families, and, yes, to provide an opportunity for them to call locally and nationally in a stressful situation. COVID-19 was stressful, and many, I believe, lives were saved by the lifeline that we opened in the city of Houston that was on 7 days a week.

I want to thank all of those providers, including Dr. Janice Dill, and again, the city of Houston who worked with us in Harris County to save lives. We must know that mental health is a medical issue, and we need to save lives, end the stigma, and recognize all of those who are embracing those who are sick and need help with respect to mental health.

VINCE DOOLEY

(Mr. CARTER of Georgia asked and was given permission to address the

House for 1 minute and to revise and extend his remarks.)

Mr. CARTER of Georgia. Mr. Speaker, I rise today to congratulate a Georgia legend on his induction into the Georgia Military Veterans Hall of Fame Class of 2020.

Coach Vince Dooley was inducted for his military service and his lifetime of selfless service to others. After graduating from college, Coach Dooley served his country in the Marine Corps for 2 years. It is without question that Coach Dooley has had a positive impact on the University of Georgia as well as communities across the country.

During his 25 years as head football coach of the University of Georgia, the Bulldogs won six SEC titles and a national championship. Coach Dooley's service did not stop on the field and has carried over into the community. His community service has extended to organizations such as the Heart Fund, Multiple Sclerosis, Juvenile Diabetes, Boy Scouts, Salvation Army, and Georgia Easter Seals Society.

He has also traveled abroad and led missions to provide spiritual and physical healing to those in need.

I want to thank Coach Dooley for his selfless commitment to improving the lives of others, and I want to congratulate him on his induction.

HONORING THE LIFE OF RAMON
RAMIREZ OF ALLENTOWN, PENN-
SYLVANIA

(Ms. WILD asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WILD. Mr. Speaker, I rise today to honor the memory of Ramon Ramirez of Allentown, Pennsylvania, who tragically lost his life to a senseless rampage of gun violence on April 21 while he was filling up his work truck at a gas station in the wee hours of the morning.

He was 31 years old. He was a husband of 12 years and a father of three children. People remember him as a loving family man and a hard worker. He was someone who—as one of his neighbors put it—was always looking to make things better for those around him. That same neighbor remarked that lately she often heard Ramon and his son play basketball in front of their house.

The horrific toll of gun violence across our country is puncturing the American Dream. It has stolen the hopes and lives of so many families.

Mr. Speaker, I am not up here to advocate for any particular bill. I am up here to ask, beg, and plead that somebody on the other side of the aisle come to me with their suggestions of what we can do to stop these random acts of gun violence.

I want to work with my colleagues. We have to end this. I ask that all of my colleagues join me in paying tribute to Ramon Ramirez and standing in solidarity with his family.

NATIONAL POLICE WEEK

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, I rise today during National Police Week to recognize the law enforcement officers serving on the front lines. Without them our streets would erupt into chaos, and the law and order our society relies on would crumble. We have seen this happen already too much in this country.

Our law enforcement officers have already incredibly difficult and dangerous jobs. That is why recent attacks on law enforcement by extreme elements wanting to upend our society deeply sadden millions of Americans, myself included, who support the police. Instead of providing the resources to assist our police, these radicals want to defund our police departments altogether.

This is insanity. We should ask ourselves how we can help police do their jobs more safely and effectively, not vilify them.

I am proud to back the blue. The majority of Americans who recognize their security and well-being depend upon the police to back the blue too.

All our law enforcement officers who serve us so faithfully should know that they have our sincere thanks and appreciation, not only during Police Appreciation Week, but always.

ELECTION INTEGRITY

(Mr. GAETZ asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GAETZ. Mr. Speaker, it is with great concern that I report to the House that the Civil Rights Division of the Biden Justice Department is actually working against the civil rights and the voting rights of our citizens.

Brave patriots in Arizona have undertaken an election audit to ensure that an actual human being is attached to a vote that was cast. This will inform better public policy prospectively. But Pamela Karlan, the head of the Civil Rights Division of the Biden Justice Department, has worked to stop that endeavor, and we know Dr. Karlan from her testimony in the Judiciary Committee where she made fun of President Trump's son's name and where she said that conservative Republicans didn't want to even live around one another because apparently we are so repulsive.

This is deeply unfortunate. This person should not even have a job at the Justice Department, and she certainly should not be working to perpetuate the true big lie and that is that there is not a tremendous amount of work left to be done on election integrity.

CANCEL CULTURE

The SPEAKER pro tempore (Mr. KAHELE). Under the Speaker's an-

nounced policy of January 4, 2021, the gentleman from Colorado (Mr. BUCK) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. BUCK. Mr. Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. BUCK. Mr. Speaker, cancel culture is a dangerous phenomenon, the total silencing and erasing of people and truths the progressives dislike.

Americans are beginning to see what cancel culture is really about. A recent survey found that 64 percent of Americans now believe cancel culture is a threat to freedom.

Cancel culture aims not only to cancel certain elements of society but to replace them. Consider the following: for years, the political left has attempted to erase parts of our American history, especially our founding and the story of 1776.

Why?

Because their goal is replacement. In place of America's true history, the progressives want to push the 1619 Project. This false narrative presents students with an alternate history and an alternate reality that our Nation was founded not on the principles outlined in the Declaration of Independence but instead on a racist pursuit of expanding slavery. Canceling 1776 makes sense only in the broader context of this effort to advance a false narrative.

Other areas of curriculum are being canceled in favor of critical race theory. Just last week, the Biden administration announced that it will use taxpayer funds to push critical race theory in public schools across the Nation. Critical race theory is the backdoor way to teach Marxism to students and adults in this country under the guise of pushing equity.

In my State of Colorado, the oil and gas industry is being canceled.

The goal?

Replace it with Green New Deal objectives.

Schools named after our Founders must be renamed after liberal icons according to the left. Professors and journalists who will not kowtow to the progressive agenda find themselves replaced in their jobs.

Our list of examples could go on.

I am joined tonight by my colleagues who wish to help expose cancel culture. The examples we will highlight touch on all aspects of cancel culture, but they all have one thing in common: in each instance, progressives seek to cancel, cut, censor, and silence so they can move to the next phase: replacement culture.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. BIGGS), who is my good friend.

Mr. BIGGS. Cancel culture is eroding the very foundation of who we are as

an American people. Rowan Atkinson, the star of the British TV series "Maigret" said that it is like a medieval mob coming to burn witches. That is what the cancel culture is all about.

How about taking an analogy from George Orwell's "Nineteen Eighty-Four" novel where they take history and they throw it into the chute. They revise history constantly, and you can't even control what you think anymore, Mr. Speaker. That is what cancel culture is becoming.

How about from a book called "The Girl With Seven Names" about a courageous young woman who escaped from North Korea and she tells us how North Korea did the same thing?

How about China under the Chinese Communist Party as reported in "The Hundred-Year Marathon" by Mr. Pillsbury who wrote that book?

That is what we see happening, this attempt to erase who we are as individuals and then replace them with something else.

Let me give you some other examples. Pepe Le Pew is no longer tolerated by the left and by the woke mob. Miss Piggy is canceled. Dr. Seuss books are canceled.

Here are some others. How about this one: Goya Foods, because this guy had the temerity, Robert Unanue, who is the CEO of Goya Foods, had the temerity to support President Trump so people attempted to boycott and cancel his business. Senator JOSH HAWLEY wrote a book. He is canceled because he says that he wants election integrity.

How about Washington, Lincoln, and Jefferson?

San Francisco erases those schools named after Washington, Lincoln, or Jefferson.

Matthew Yglesias, the liberal opinion writer who resigned from Vox, a company that he cofounded, because his woke staff says he is too center right.

How about Tucker Carlson, Sean Hannity, and Laura Ingraham?

They were all attacked for being conservative voices.

The attack is to silence conservatives' voices. The new rule is we will only be tolerant if you are accepting of our views—not just accepting—if you comply—not just comply—you bow to the tyrannical rules of the left.

Gina Carano, the "Mandalorian" actress, was fired by Disney because she says that being a Republican in 2021 is like being a Jew in Nazi, Germany. So she has got to go. They canceled the action figure named after her.

Adam Rubenstein, a former New York Times reporter and editor, has got to go because he lets TOM COTTON's piece get published in The New York Times. Oops. We can't have that.

J. K. Rowling, the very successful author of the Harry Potter series, is canceled because she has the temerity to suggest that transgender rights might endanger women's rights. You can't have any conflicting view out there, Mr. Speaker. No, you can't do that.

Then Mike Lindell, you know him, he is the My Pillow guy. He is on TV all

the time advertising. You can't have him because he is a friend and supporter of Donald Trump and questions the election results.

We have reached the point in our society where the left says that if you do not bow your knee to what we say is the new norm—and the only acceptable dogma—if you are a heterodox in any way, Mr. Speaker, we will cancel you, we will dock you, and we will erase you. That cannot stand, and it will not stand.

This group and the gentleman from Colorado will continue to fight. I thank the gentleman for yielding. We will continue to fight this outrageous attack on who we are as American people.

Mr. BUCK. Mr. Speaker, I thank the gentleman for his remarks.

Mr. Speaker, I yield to the gentlewoman from North Carolina (Ms. FOXX) for a slightly different purpose. She will tell us about a very sad circumstance in her home State of North Carolina.

Ms. FOXX. Mr. Speaker, I thank my colleague for yielding tonight for a very short but very serious and solemn set of comments.

Mr. Speaker, I rise today to pay tribute to two members of the Watauga County Sheriff's Office who lost their lives in the line of duty on April 28.

Sergeant Chris Ward, an 8-year law enforcement officer, and K-9 Deputy Logan Fox, a former deputy of the Ashe County Sheriff's Office, left an indelible mark on Watauga County.

This is a tremendous loss not only for Watauga County, but also for law enforcement across the State and country. These two fallen heroes dedicated their lives to law enforcement, and many who knew them recognized that their passion for serving the community they were proud to call home was second to none.

This Monday, a Community Day of Remembrance in Boone, North Carolina, was held in their honor.

Businesses, organizations, and proud citizens of Watauga County came together to show their overwhelming support for law enforcement and for first responders.

Mr. Speaker, across America law enforcement officers like Sergeant Ward and Deputy Fox wake up every day with one important goal in mind: fulfilling their duty to uphold law and order. These proud men and women leave for work knowing that they may not come home to their families, but still, they answer the call to serve without a moment's hesitation. That level of commitment to one's duty and community is truly awe-inspiring, and I firmly believe that we owe law enforcement a profound debt of gratitude.

Mr. Speaker, I will always support law enforcement across this country. They are true gatekeepers of law and order, and they must be respected.

Calls to defund the police from the left are egregious and divisive. That rhetoric is profoundly dangerous and is

an insult to the men and women who work around the clock to protect us.

God bless the countless law enforcement officers across this country and their families. We are forever grateful for the sacrifices you continue to make.

□ 1930

Mr. BUCK. Mr. Speaker, I thank the gentlewoman from North Carolina for her comments, and I assure her that our thoughts and prayers are with her and the families of those who have fallen.

I yield to the gentleman from Texas (Mr. ROY).

Mr. ROY. Mr. Speaker, I thank the gentleman from Colorado for organizing this important topic of conversation.

I thank the gentlewoman from North Carolina for recognizing the law enforcement officers in her home State, much like the rest of our States, who put their lives on the line every single day to defend us, to protect our communities.

This is an important week, obviously, for law enforcement. I think it is germane to the point that my friend from Colorado is making about canceling because this whole notion of canceling isn't just about corporations; it is not just about technology; it is not just about Amazon; it is not just about Twitter and Facebook. It is about canceling the very people who are, like our friend from North Carolina was just talking about, these law enforcement officers—canceling police officers, canceling law enforcement, canceling those who are standing up and defending us every single day.

We hear it. I had a little girl in my home district in Austin who wrote a project for her school in which she was outlining how she was upset about how her father, her dad, who is a police officer, was being treated and how, when he would come home, he was despondent a little bit about the day because our law enforcement officers are being harassed, targeted, criticized, mocked, defunded.

This is purposeful. This is happening every single day. We are literally working to cancel law enforcement.

In Austin, Texas, they defunded police \$150 million. Now, we have seen a 50 percent spike in homicides. There are homeless encampments all across the streets. We have 1999 levels of funding for the police department for a city that has grown by leaps and bounds since then.

This canceling of law enforcement leaves us at risk, and it undermines the very security of our communities. But it is real, and it is happening in real-time.

Twenty major cities have cut police budgets. \$1.7 billion has been cut from police departments nationwide.

But it is not just law enforcement. We are talking about that here because of my friend from North Carolina. But it is about corporations. We are sitting

here in the people's House, in front of the American flag, and our Nation right now is increasingly run by corporations more than the men and women who are in this body.

I mean, think about it. We hardly ever meet. We never amend. We never debate. We never do any actual give-and-take here on the floor. We get up and speechify a little bit.

Meanwhile, corporations are deciding who gets to get their voice heard. Corporations are deciding, by the way, what election laws are warranted in Georgia or Texas, venerable corporations like Coca-Cola, Delta Air Lines, Major League Baseball.

In the United States of America, baseball has been politicized. I can't even watch baseball with my son without having to figure out and worry about how he is going to be viewing America because Major League Baseball has decided it is more important to be woke and move the All-Star Game from 50 percent Black Atlanta to 10 percent Black Denver. Why? So they can go around patting themselves on the back in Colorado while they say: Hey, look at me. I am driving my Subaru, and I have an Apple sticker on my car.

No offense to the gentleman from Colorado.

Is that woke?

Hank Aaron passed away this year. We could have celebrated his life with an All-Star Game in Atlanta, Georgia, and woke corporate Major League Baseball decides it is more important to make a statement about election laws in Georgia, which, by the way, the proposed laws differ very little from the laws in Colorado, as my friend from Colorado knows.

But they wanted to make a statement through their corporate power and their woke corporate boards that are packed with all these elite Harvard Business School and Yale school of business types that are going into these corporate boardrooms and trying to tell us how to live our lives in little ole Texas or Georgia or Colorado. That is what we face with these corporations that are trying to tell us how to live.

I appreciate my friend from Colorado giving us the time to focus on this important issue tonight. We have to reclaim our ability to live free in this country, and we ought to ask ourselves that question more and more: Are we truly free with wide-open borders and half a million apprehensions, \$30 trillion in debt, and corporations telling us how to live our lives? Are we truly free in this country? I think we ought to ask that question over and over and over.

Mr. BUCK. Mr. Speaker, I thank my friend from Texas, and I appreciate the points that he made.

I yield to the gentleman from Tennessee (Mr. GREEN).

Mr. GREEN of Tennessee. Mr. Speaker, before I jump into my remarks, I would like to echo what my colleague from Texas said.

The interesting thing about the Major League Baseball decision is, only 2 days before they decided that voter ID was too tough for them, they signed a deal with Tencent in China, where there are no elections whatsoever and where they are committing cultural genocide against the Uighurs.

That wasn't good enough in Georgia, but they signed a deal for millions of dollars to support what is going on in China.

Mr. Speaker, as a physician, I recognize that cancel culture is a sickness in our society. It is easy to diagnose, but we have to admit it is going to be difficult to cure because we are fighting the woke media and the woke left.

The left is using cancel culture to tear our country apart in its quest for their version of a utopia. They demonize conservatives as an enemy of a nation that we love and hold dear. But no one is safe from cancel culture, not even the liberals themselves.

Who has advanced progressivism more than Barack Obama during his 8 years as President? No one. Yet, leftists today are canceling Barack Obama, who was, until recently, their self-proclaimed hero. In his home State of Illinois, Thomas Jefferson Middle School was supposed to be renamed the Barack and Michelle Obama Middle School; that is, until the far radical left protested that Obama followed the laws in some instances by deporting illegal immigrants.

God forbid that a President, tasked in the Constitution to enforce the law, actually enforces the law.

So, please, my colleagues on the left, tell me how my colleagues on the right are safe from cancel culture when your side of the aisle isn't even safe. Iconic figures on the left are being canceled.

Just the other week, the famed atheist Richard Dawkins, who many fellow Christians and I find incredibly offensive for his bigoted attacks on our faith, was just canceled. Dawkins was stripped of his Humanist of the Year Award that he received back in 1996. Of what was he found guilty? He believed that a civil discussion on what constitutes gender was legitimate. Canceled.

A professor even canceled lecturing on the writings of James Baldwin, known for his participation in the civil rights and gay liberation movements, because his students said it made them "re-live intergenerational trauma."

Matthew Yglesias, the founder of the liberal news website Vox, has been canceled simply because he didn't want to defund the police. Canceled.

Again, my colleagues on the left, tell me how cancel culture doesn't exist, and tell me that conservatives aren't being attacked.

Who are these conservatives getting canceled?

Well, the left tried unsuccessfully, as was mentioned earlier, to cancel Goya Foods executive Robert Unanue because he supported Donald Trump.

President Abraham Lincoln, who ended the Democrat Party's institution of slavery, is being canceled.

Lincoln's general, President Ulysses S. Grant: Canceled.

Covington Catholic children—yes, I said children—were completely slandered with lies by the left-wing media simply because they happened to be wearing MAGA hats.

Senate Democrats tried to cancel Justice Amy Coney Barrett because she actually believes what her Catholic faith teaches.

Vice President KAMALA HARRIS tried to cancel a lower court appointee just 3 years ago because he was a member of the Catholic charitable group Knights of Columbus. Apparently, they hold the controversial view that we shouldn't terminate the lives of innocent, unborn children.

Enough is enough. If we want our country to continue to prosper, we need to stop seeing each other as political enemies and candidates for cancellation. We need to remember the motto on the great seal above my head as I speak: *E pluribus unum*, out of many, one.

We are a nation of many different States, localities, ethnicities, religions, backgrounds, and political beliefs. We need to stop focusing on our differences and start seeing each other as Americans, once again, regardless of what we believe.

Cancel culture is anti-American and, for the sake of our Nation, it needs to end now. I urge my Democrat colleagues to join us in this. Your own icons are being canceled. You will be the next victim. You will be assimilated.

Mr. BUCK. Mr. Speaker, I thank the gentleman for his impassioned remarks and great research. We could all learn a lot from that. I appreciate it very much.

I yield to the gentleman from Texas (Mr. CLOUD).

Mr. CLOUD. Mr. Speaker, I thank the gentleman from Colorado for organizing this. This is an essential topic in this essential time that we find ourselves.

We have a unique foundation, in that our Nation rests on the understanding that our inalienable rights to life, liberty, and the pursuit of happiness are not a grant from this government but, rather, a gift from God.

Among these inalienable rights enshrined in our First Amendment is the freedom of speech. Indeed, the peace and tranquility of our entire Republic rest on the understanding that the people have a right to have their voice heard.

But we have entered into a most troubling time in our Nation. For all the talk of unity by this current administration, this government has sought only conformity.

In this Chamber, we have witnessed the unilateral march of the extreme-left legislation designed not to protect our liberties but, rather, force the American people to conform to their extreme ideas of government-mandated social engineering and the restruc-

turing of an economy from the most successful model in history to one of socialism, which has failed everywhere it has been tried.

Then there is Big Tech. These companies that arose to prominence in an environment that only economic freedom and opportunity provide have now embraced authoritarianism, fostering a world that is worse than the one they hoped to correct.

They have selectively canceled conservative voices while allowing leftist members, even in this body, to repeatedly call for unrest in our streets and violence against dissenting voices.

They have allowed their platforms to raise money to bail out violent rioters, these true insurrectionists who have called for an end to America, that have burned our flags and literally taken over city blocks, declaring them autonomous to the United States.

Yes, these Big Tech platforms continue to provide a platform for Communist China, for terrorist groups, and others to spew their propaganda.

Then there are the multinational corporations that have bought into this diabolical movement. They are either ignorant to history or simply care more about their quarterly earnings report than the liberty, opportunity, or personal prosperity of their neighbors, the American people.

They would rather cozy up to the powerful to gain access to crush their competition and to protect corporate profits than stand up for the very principles and economic opportunity that enabled their own success. They do a disservice to the people of this Nation. The hypocrisy is not overlooked.

To some in our Nation who have experienced the relative peace and security that comes with being heirs of these blessings of liberty, these trends could seem novel or perhaps part of the natural ebb and flow of politics in a free society.

Sometimes it is harder for us born here to see the signs, but some of the most compelling voices sounding the alarm right now are the immigrants who come here. I have spoken to many from Cuba, Ecuador, Iran, and Venezuela. They see the signs in a way that many of us do not, and they are fearful, angered, and heartbroken.

□ 1945

Venezuela, just a few short years ago, was the economic jewel of South America. Today, it is a wasteland fraught with poverty, conflict, and oppression.

A couple in my district came from Iran. They are terrified by what they are now seeing here. One of them liked a post about the killing of Soleimani and found her account temporarily halted on the platform. The irony is too rich.

I spoke to a lady from Ecuador. She had come to this country at about 18 years of age with her family. Under severe persecution, she had fled the country to come here. She didn't refer to this as the United States of America.

She said: "I come to freedom country. We have to do everything we can to protect freedom country." Those were her words.

So we know that while the terminology and the methods may be new, the cancel culture movement is hardly new to history. Despot regimes have worked to silence dissent for millennia.

What is different about this moment is the broad embrace of the movement by those in positions of power within the United States of America in order to consolidate political power or perhaps preserve their personal status quo, all at the sake of the liberties of their fellow citizens.

Ronald Reagan reminded us that freedom is never more than one generation away from extinction. We didn't pass it to our children in the bloodstream. It must be fought for, protected, and handed on for them to do the same, or one day we will spend our sunset years telling our children and our children's children what it was once like to live in the United States where men were free.

It is time to restore power to the American people. It is time for people across this Nation to stand up in boardrooms and classrooms and houses of worship and in this hallowed Chamber, to stand up with courage to this evil movement.

God forbid we be the generation that allows this precious and unique experiment in self-government, this imperfect but beautiful Republic, to sink, enveloped by the undertow of the forces of envy, strife, and division. Let us not let that happen.

Let us be that generation, like generations before, that work toward that more perfect union, one that protects and preserves our beloved freedom country.

Mr. BUCK. Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. PERRY).

Mr. PERRY. Mr. Speaker, I surely thank my good friend, the gentleman from Colorado, for the opportunity to speak and the importance of this subject.

Ladies and gentlemen, in the thirties and forties, they banned and burned books. That was just what they had at the time. They weren't really banning the book; they were banning and burning the idea—the ideas, the differences of opinion. I submit to you that that fascist regime then did what this cancel culture is doing right now.

We have already talked about Major League Baseball canceling the All-Star Game in Atlanta and acting like we don't know that there are more restrictive States elsewhere, including the State that it went to. It is absolutely ridiculous.

Facebook canceled the Great Barrington Declaration, a declaration of medical professionals and scientists who declared that lockdowns had adverse effects on physical and mental health and we would be better served by focusing on the protection of people

who face a high risk of mortality should they become infected.

How dare they. How dare they not accept the narrative, the dogma, the groupthink. Who do they think they are?

Google fired employee Kevin Cernee for the crime—what was his crime? He held conservative views.

How about OSU Coach Mike Gundy? What was his crime? Wearing the wrong T-shirt while fishing.

That is how absurd this gets. And it just keeps on going, ladies and gentlemen. It doesn't stop.

Of course, President Trump, the President of the United States, was canceled by big tech, banned from Twitter, likely permanently banned from Facebook and, as has already been stated, by the same companies doing business with and helping the Communist Chinese Government oppress its citizens, the same companies that allow the Ayatollah to freely transmit over their platform. No problem there. And it just keeps on going.

I mean, the President talked about hydroxychloroquine in the early stages of the pandemic as a potential solution or treatment. Man, who knows? I mean, it has been around since the 1940s. How dare he. And how dare the doctors who believe in him and believe the same thing. Who do they think they are when the press and the cancel culture says no way?

Of course, the worst of it, a Representative right here in this body, the gentlewoman from Missouri, and 54 of her colleagues sought to cancel 140 Members of Congress for objecting to the electors in several States due to the election irregularities and constitutional infractions in these States, including my home State of Pennsylvania. They introduced H. Res. 25, calling for the removal of those Members from the House of Representatives. They don't bother telling you that they themselves objected to more States in 2016 than the Republicans did in 2020. Let's cancel them. Free speech has been canceled.

If you want to protest and burn your city down, protest is great. Violence and rioting is not accepted, except when it is. But think you are going to the church in the same town? Canceled.

Your right to protest. You can riot, yes. But come to the Capitol and address your grievances with your elected representatives, no.

Ladies and gentlemen, cancel culture is a synonym for fascism; and the sooner we recognize it, the better off we are going to be at dealing with it.

Mr. BUCK. Mr. Speaker, I thank the gentleman for not naming my home State as he was talking about the All-Star Game.

Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. TIFFANY), and I thank him for joining us in this Special Order hour.

Mr. TIFFANY. Mr. Speaker:

I do not like the cancel mob.

I do not like the groupthink blob.

We should not censor our own speech.

That's not a habit we should teach.

This isn't China or Iran.

Free speech belongs to every man.

This right belongs to women, too.

To teachers, students, me and you.

Don't let them tell you what to say.

Or what to think or how to pray.

America's for you and me.

For Dr. Seuss—not Jack Dorsey.

I thank the Speaker for the time.

And hope you liked my free speech rhyme.

Mr. BUCK. Mr. Speaker, I thank the gentleman, and I suggest he is in the wrong line of work. That was great. I thank him very much for that.

Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CLYDE).

Mr. CLYDE. Mr. Speaker, I thank the gentleman from Colorado for hosting this Special Order on this very important and increasingly pervasive issue in our society: Cancel culture.

I hold very deep concerns about how this ugly movement is corrupting our youth and stands to seriously threaten the many core values shared by those in my district, those from north Georgia: altruism, patriotism, faith, and integrity, just to name a few.

While calling people out on their actions and/or behaviors is nothing new in our society, there is something inherently dangerous about fringe groups of people moving in a calculated manner to strip people of jobs, to strip businesses of revenue, and shutting down entire thought groups altogether, without a fair and just consideration being afforded to the targeted party.

Each of us has an understanding of what is right and wrong, just as we, as lawmakers, have our own ideas for what is good policy and what is not. We can debate and defend our personal opinions and sincerely held beliefs all we want, but when rights enshrined by the Constitution are at risk, I believe we have a duty to step up and defend those rights.

Whether we are talking about standing up for God-given, unalienable religious liberties, Second Amendment rights or First Amendment protections, I wholeheartedly believe that we should also be pointing to the truth within the Constitution.

It is easy to point to the Constitution as a blanketed rationale for countless issues. Both sides do it, and I find it does the public a disservice at large on two fronts, especially when one side just doesn't tell the truth.

For one, I believe blanketed statements pointing to enumerated rights inadvertently desensitizes Americans, especially our youth, to the importance of the Constitution.

Secondly, we are not challenging ourselves to push beyond the emotional sphere of these issues and to think critically and analytically to find the truth.

So we, as conservatives, need to stand up to cancel culture in two ways.

First, the Constitution has provided the basis for which the canceled individual and the "cancelor" engage in debate to begin with.

Second, we should be putting truth behind our decision to stand up in defense of those being targeted.

For example, I stand here today to oppose the progressive push to cancel biological genders, to cancel religious liberties, and to cancel the Second Amendment. Probably the most bold example of cancel culture that I have ever seen is that of Facebook and Twitter trying to cancel the sitting President of the United States, Donald Trump.

I stand in defense of biological genders because the truth is that women are biologically different from men. Young men should not have to compete against self-identified transgenders who are biological men. Moreover, the truth is that women are the bearers of life, and only women can give birth. Call them what they are. Moms are moms, not birthing people.

How ridiculous is that term, "birthing people"?

How about H.R. 5, the Equality Act. That was another brazen attempt by progressives to cancel biological sex by normalizing transgender equality.

As I have said before and will say again, transgender medical treatment for children is child abuse, and any effort to normalize such treatments is a serious violation of the welfare and bodily integrity of our children. Allowing children to undergo life-changing alterations to their bodies should be a violation of the law, and the child abuser should be criminally prosecuted to the fullest extent of the law.

I oppose efforts by progressives to cancel religious liberties in their entirety. While I could speak at length about the various targets of cancel culture that fall under religious liberties, there is no better example than the Democrats' bill on the floor this week, H.R. 1065, that blatantly and knowingly leaves out protections for religious entities, as prescribed under the Civil Rights Act of 1964.

Under this act, a religious employer could have to consider allowing an employee to take paid time off to have an abortion procedure. While religious liberty protections are the center of this cancellation attempt, the truth is that an unborn child is a living, human child, and we must protect it as such.

I stand strong against the Democrats' all-out attack on the Second Amendment, because it is no secret they are trying to cancel Americans' right to keep and bear arms in a piecemeal manner. The truth is that law-abiding gun owners are not the perpetrators of violent crimes. However, law-abiding gun owners will bear the brunt of the impact from this ploy. The facts are on the side of the law-abiding gun owners.

The Democrats know that and they just can't stand it. That is why Democrats are rolling out rules to ban guns piece by piece so that guns in the homes of Americans, as we speak, become outlawed over time. They do this under the guise of abolishing firearms

made at home by individuals by calling them ghost guns.

The truth is that we see through this thinly veiled facade, and we will not sit by and allow them to cancel our rights.

Finally, I challenge all of my colleagues to not just stand up to the cancel culture in the name of the Constitution, but to do so by adding truth to the dialogue.

Mr. BUCK. Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. DONALDS).

Mr. DONALDS. Mr. Speaker, I want to thank the gentleman from Colorado for hosting the Special Order.

I will also tell you, Mr. Speaker, it is actually good to be able to talk in this Chamber without that thing on my face. It is messing up the enunciations.

Mr. Speaker, my colleagues have talked at length about all of the examples and all of the damaging aspects of cancel culture, and I don't want to go through and reiterate those points.

I think the purpose—what I want to take this time to do, Mr. Speaker, is to actually have a pleading with the people of our country.

You see, if you look at the history of world governments, even go before our own Government, the ability to speak has been sacrosanct in order for the ability to be free.

You see, there was a time, under the brutality of European kings, where you could dare not speak a word against the Crown. If you did, you were slaughtered, you were maimed, you were put into chains, you were put into slavery.

The very idea of freedom of speech canonized in our Constitution just wasn't created by our Framers; it is something our Framers understood and they studied from their view of world history. And that very protection is the one thing, the most paramount thing, that the Members of this body, whether they be in our House, the Senate, or the person who occupies the White House at any point in time in American history, can never abridge or infringe.

The reason for that is very simple: Because the thoughts that roll around in your mind are yours alone. They are your thoughts. They were given by God. They were given by your own intellect. And your ability to express them should never be taken away or shamed by a government or by a sect or a substructure of any society, let alone American society.

□ 2000

You see, Mr. Speaker, we have come to a very dangerous point in our politics. This has nothing to do with Social Security and Medicare which, by the way, for the American people, are going to go insolvent in somewhere between 5 and 7 years.

This isn't about our issues talking about guns and supporting the Second Amendment. This isn't about if you want to talk about green technology or embracing fossil fuels or actually embracing nuclear power, which is what

we should be doing as a country. This isn't our views on what we do with respect to foreign policy and who our adversary might be.

This goes to the very core of our country. It goes to the very core of our culture. It goes to the very core of whether our society will have the ability to sustain itself for another 200 years into the future.

But I will promise you this, Mr. Speaker, it will not be possible if we have one group of Americans telling another group of Americans that what they say should no longer be heard simply because they don't agree or even if they are offended or even if what somebody says is so vile that unilaterally every American finds it to be distasteful and doesn't want to hear it.

You see, the very thought of any individual must be protected at all times. It is what separates our country from the other countries of the world today and the other societies on our Earth in years past. It is what creates the very foundation of a republic of people to be able to grow, to see, to do, to be their best, because they are free, and there is no government that can oppress them.

The only example I am going to cite tonight is the example of somebody who is actually not on my side of the political aisle. She is a reporter, Alexi McCammond. And Alexi, just so you know, I am not bringing your situation up to make a political point. Far from it. You see, she was a journalist. She was on MSNBC and an NBC contributor. I don't think she would probably like my politics too much. But because of something she said when she was a freshman in college on social media, she was targeted. She was canceled. She had reached a pinnacle in her career through her hard work. I don't even know her, but I know that she was able to accomplish something. But because somebody in her company, because of somebody at Teen Vogue decided they didn't like what she had said, she became the new target.

Mr. Speaker, and frankly, my fellow Americans, we cannot continue as a society if we are quick to shut each other down before we actually decide to open up our ears and listen. There are so many debates on this very floor that are going to take place, not just in this Congress, but in many Congresses to come. There are going to be disagreements in our society, whether you are talking about policing or racism or the past or the future, but the one thing that must remain in our Republic is tolerance.

You see, Mr. Speaker, we have to adopt a standard; not a subjective one, but an objective one. But here is the truth: We already have had that standard. We have already adopted it. It is the objective standard that you are free to speak in the United States of America. And whether it is Twitter, Facebook, or Instagram or YouTube or Snapchat or TikTok, or The Washington Post or The Washington Times, whether you want to talk about The

New York Times or you want to talk about redstate.com, you want to talk about MSNBC or FOX News, Morning Joe or Sean Hannity, we must be free to speak at all times because the battlefield of ideas is the only thing that is going to propel our Republic forward. It is the only thing that is going to allow young kids to grow and actually increase their intellect and to be able to transform our economy in ways that none of us in this Capitol today can even fathom. It is the very basis of what makes our Nation the greatest nation. It is what makes us unique. It is what allows us to be able to fight it out every day on this floor, verbally, of course, Mr. Speaker.

My fellow Americans, we are all in this together. Mr. Speaker, we are in this together. We can't cancel each other. We can't move people out of the public square because we find their ideas even vile or distasteful. I may not like what you have to say, Mr. Speaker. We may disagree on votes on this very floor, but the one thing I will always respect, the one thing I will always defend is your ability to say it and your ability to vote that way. My only ask is that you do the same for people on my side of the political aisle.

Mr. BUCK. Mr. Speaker, I thank the gentleman for his profound remarks. I now yield to the gentlewoman from Wyoming (Ms. CHENEY), my friend and my neighbor to the north.

Ms. CHENEY. Mr. Speaker, I would like to thank very much my friend, colleague, Mr. BUCK, for yielding me time this evening.

I know the topic, Mr. Speaker, is cancel culture. I have some thoughts about that. But tonight I rise to discuss freedom and our constitutional duty to protect it.

Mr. Speaker, I have been privileged to see firsthand how powerful and how fragile freedom is. Twenty-eight years ago, I stood outside a polling place, a schoolhouse in western Kenya. Soldiers had chased away people who were lined up to vote. A few hours later, they came streaming back in, risking further attack, undaunted in their determination to exercise their right to vote.

In 1992, I sat across the table from a young mayor in Nizhny Novgorod, Russia. I listened to him talk of his dream of liberating his nation from communism. Years later, for his dedication to the cause of freedom, Boris Nemtsov was assassinated by Vladimir Putin's thugs.

In Warsaw in 1990, I listened to a young Polish woman tell me that her greatest fear was that people would forget; they would forget what it was like to live under Soviet domination, that they would forget the price of freedom.

Three men—an immigrant who escaped Castro's totalitarian regime, a young man who grew up behind the Iron Curtain and became his country's minister of defense, and a dissident who spent years in the Soviet gulag—

have all told me it was the miracle of America, captured in the words of President Ronald Reagan that inspired them.

I have seen the power of faith and freedom. I listened to Pope John Paul II speak to thousands in Nairobi in 1985, and 19 years later, I watched that same Pope take my father's hands, look in his eyes, and say, "God bless America."

God has blessed America, Mr. Speaker, but our freedom only survives if we protect it, if we honor our oath, taken before God in this Chamber, to support and defend the Constitution, if we recognize threats to freedom when they arise.

Today, we face a threat America has never seen before. A former President, who provoked a violent attack on this Capitol in an effort to steal the election, has resumed his aggressive effort to convince Americans that the election was stolen from him. He risks inciting further violence.

Millions of Americans have been misled by the former President. They have heard only his words but not the truth, as he continues to undermine our democratic process, sowing seeds of doubt about whether democracy really works at all.

I am a conservative Republican, and the most conservative of conservative principles is reverence for the rule of law. The electoral college has voted. More than 60 State and Federal courts, including multiple judges the former President appointed, have rejected his claims. The Trump Department of Justice investigated the former President's claims of widespread fraud and found no evidence to support them. The election is over. That is the rule of law. That is our constitutional process. Those who refuse to accept the rulings of our courts are at war with the Constitution.

Our duty is clear. Every one of us who has sworn the oath must act to prevent the unraveling of our democracy. This is not about policy. This is not about partisanship. This is about our duty as Americans. Remaining silent and ignoring the lie emboldens the liar.

I will not participate in that. I will not sit back and watch in silence while others lead our party down a path that abandons the rule of law and joins the former President's crusade to undermine our democracy.

As the party of Reagan, Republicans have championed democracy, won the Cold War, and defeated the Soviet Communists. Today, America is on the cusp of another Cold War. This time with Communist China. Attacks against our democratic process and the rule of law empower our adversaries and feed Communist propaganda that American democracy is a failure. We must speak the truth. Our election was not stolen, and America has not failed.

I received a message last week from a Gold Star father who said, "Standing up for the truth honors all who gave

all." We must all strive to be worthy of the sacrifice of those who have died for our freedom. They are the patriots Katharine Lee Bates described in the words of "America the Beautiful" when she wrote, Oh beautiful for heroes proved in liberating strife, who more than self, their country loved and mercy more than life.

Ultimately, Mr. Speaker, this is at the heart of what our oath requires: That we love our country more, that we love her so much that we will stand above politics to defend her, that we will do everything in our power to protect our Constitution and our freedom that has been paid for by the blood of so many. We must love America so much that we will never yield in her defense. That is our duty.

Mr. BUCK. Mr. Speaker, I thank the gentlewoman, and I inform the Speaker that we have no further speakers. I yield back the balance of my time.

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 11(b) of House Resolution 188, the House stands adjourned until 10 a.m. tomorrow for morning-hour debate and noon for legislative business.

Thereupon (at 8 o'clock and 11 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, May 12, 2021, at 10 a.m. for morning-hour debate.

OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

"I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Member of the 117th Congress, pursuant to the provisions of 2 U.S.C. 25:

TROY A. CARTER, of Louisiana.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote

on passage, for printing in the CONGRESSIONAL RECORD, that H.R. 768, the Block, Report, And Suspend Suspicious Shipments Act of 2021, as amended, would have no significant effect on the deficit, and therefore, the budgetary effects of such bill are estimated as zero.

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, for printing in the CONGRESSIONAL RECORD, that H.R. 1629, the Fairness in Orphan Drug Exclusivity Act, as amended, would have no significant effect on the deficit, and therefore, the budgetary effects of such bill are estimated as zero.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-1070. A letter from the Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General Thomas A. Horlander, United States Army, and his advancement to the grade of lieutenant general on the retired list, pursuant to 10 U.S.C. 1370(c)(1); Public Law 96-513, Sec. 112 (as amended by Public Law 104-106, Sec. 502(b)); (110 Stat. 293); to the Committee on Armed Services.

EC-1071. A letter from the Secretary, Department of Defense, transmitting a letter authorizing Brigadier Generals James J. Gallivan, Scott A. Jackson, and Allan M. Pepin, United States Army, to wear the insignia of the grade of major general, pursuant to 10 U.S.C. 777(b)(3)(B); Public Law 104-106, Sec. 503(a)(1) (as added by Public Law 108-136, Sec. 509(a)(3)); (117 Stat. 1458); to the Committee on Armed Services.

EC-1072. A letter from the Director, Regulations Policy and Management Staff, FDA, Department of Health and Human Services, transmitting the Department's final rule — Medical Devices; Medical Device Classification Regulations to Conform to Medical Software Provisions in the 21st Century Cures Act [Docket No.: FDA-2018-N-1440] (RIN: 0910-AH67) received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1073. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Arkansas; Arkansas Regional Haze and Visibility Transport State Implementation Plan Revisions; Correction [EPA-R06-OAR-2015-0189; FRL-10022-74-Region 6] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1074. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Illinois; Public Participation in the Permit Program [EPA-R05-OAR-2020-0467; FRL-10022-84-Region 5] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1075. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Ohio; NSR Program Administrative Rules [EPA-R05-OAR-2020-0126; FRL-10022-85-Region 5] received April 2, 2021, pursuant to 5 U.S.C.

801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1076. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Flupyradifurone; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2020-0478; FRL-10020-49] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1077. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; California; Feather River Air Quality Management District [EPA-R09-OAR-2020-0523; FRL-10022-35-Region 9] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1078. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; New Hampshire; Sulfur Content Limitations for Fuels [EPA-R01-OAR-2020-0209; FRL-10022-62-Region-1] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1079. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Significant New Use Rules on Certain Chemical Substances (20-3.B) [EPA-HQ-OPPT-2020-0094; FRL-10016-30] (RIN: 2070-AB27) received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1080. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Georgia: Final Authorization of State Hazardous Waste Management Program Revisions [EPA-R04-RCRA-2021-0229; FRL-10021-97-Region 4] received April 28, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-1081. A letter from the Chairman, Council of the District of Columbia, transmitting D.C. Act 24-52, "District Government Family Bereavement Leave Temporary Amendment Act of 2021", pursuant to Public Law 93-198, Sec. 602(c)(1); (87 Stat. 814); to the Committee on Oversight and Reform.

EC-1082. A letter from the Chairman, Council of the District of Columbia, transmitting D.C. Act 24-62, "Coronavirus Support Temporary Amendment Act of 2021", pursuant to Public Law 93-198, Sec. 602(c)(1); (87 Stat. 814); to the Committee on Oversight and Reform.

EC-1083. A letter from the Chairman, Council of the District of Columbia, transmitting D.C. Act 24-78, "New Convention Center Hotel Omnibus Financing and Development Temporary Amendment Act of 2021", pursuant to Public Law 93-198, Sec. 602(c)(1); (87 Stat. 814); to the Committee on Oversight and Reform.

EC-1084. A letter from the Chief Human Capital Officer, Consumer Financial Protection Bureau, transmitting a notification of a vacancy, a designation of acting officer, and a nomination, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, Sec. 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Reform.

EC-1085. A letter from the Chairman, Federal Labor Relations Authority, transmitting the Authority's FY 2020 No FEAR Act

Report, pursuant to 5 U.S.C. 2301 note; Public Law 107-174, 203(a) (as amended by Public Law 109-435, Sec. 604(f)); (120 Stat. 3242); to the Committee on Oversight and Reform.

EC-1086. A letter from the Assistant Secretary of Defense, International Security Affairs, Department of Defense, transmitting the section 1209(d) and CTEF Consolidated Quarterly Reports, pursuant to Public Law 115-232, Sec. 1231(d); (132 Stat. 2034) and Public Law 113-291, Sec. 1209(d); (128 Stat. 3542); jointly to the Committees on Armed Services and Foreign Affairs.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. LOFGREN: Committee on House Administration. House Resolution 379. Resolution dismissing the election contest relating to the office of Representative from the Fourteenth Congressional District of Illinois (Rept. 117-28). Referred to the House Calendar.

Mr. PERLMUTTER: Committee on Rules. House Resolution 380. Resolution providing for consideration of the bill (H.R. 2547) to expand and enhance consumer, student, servicemember, and small business protections with respect to debt collection practices, and for other purposes; providing for consideration of the bill (H.R. 1065) to eliminate discrimination and promote womens health accommodations for workers whose ability to perform the functions of a job are limited by pregnancy, childbirth, or a related medical condition; and for other purposes (Rept. 117-29). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. HUFFMAN (for himself and Mr. GRAVES of Louisiana):

H.R. 3075. A bill to address seafood slavery and combat illegal, unreported, or unregulated fishing, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Ways and Means, Transportation and Infrastructure, Agriculture, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. CONNOLLY, Ms. FOXX, and Mr. COMER):

H.R. 3076. A bill to provide stability to and enhance the services of the United States Postal Service, and for other purposes; to the Committee on Oversight and Reform, and in addition to the Committees on Energy and Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. LYNCH, and Mrs. LAWRENCE):

H.R. 3077. A bill to require mail-in ballots to use the United States Postal Service barcode service, to provide paid parental leave to officers and employees of the Postal Service, and for other purposes; to the Committee on Oversight and Reform.

By Mr. UPTON (for himself, Mr. RUSH, Mrs. RODGERS of Washington, and Mr. PALLONE):

H.R. 3078. A bill to require the Secretary of Energy to carry out a program relating to physical security and cybersecurity for pipelines and liquefied natural gas facilities; to the Committee on Energy and Commerce.

By Mr. RUTHERFORD (for himself and Mr. GOTTHEIMER):

H.R. 3079. A bill to amend title 18, United States Code, to punish criminal offenses targeting law enforcement officers, and for other purposes; to the Committee on the Judiciary.

By Mr. BACON (for himself, Mr. JOHNSON of Ohio, Mr. STIVERS, Mr. LAMALFA, Mr. CARL, Mr. LATTI, Mr. RESCHENTHALER, and Mr. AMODEI):

H.R. 3080. A bill to protect law enforcement officers, and for other purposes; to the Committee on the Judiciary.

By Mr. ARMSTRONG:

H.R. 3081. A bill to make certain irrigation districts eligible for Pick-Sloan Missouri Basin Program pumping power, and for other purposes; to the Committee on Natural Resources.

By Mr. BARR:

H.R. 3082. A bill to amend the FAST Act to add activities relating to the extraction, recovery, or processing of certain materials to the definition of a critical project, and for other purposes; to the Committee on Natural Resources.

By Ms. BASS (for herself, Mr. BACON, Mr. LANGEVIN, Mrs. LAWRENCE, and Mr. MULLIN):

H.R. 3083. A bill to support the establishment or expansion and operation of programs using a network of public and private community entities to provide mentoring for children and youth with experience in foster care; to the Committee on Ways and Means.

By Mr. BERA (for himself, Mr. CHABOT, Mr. CASE, Mr. FITZPATRICK, Mrs. NAPOLITANO, and Mr. TAYLOR):

H.R. 3084. A bill to establish the Taiwan Fellowship Program, and for other purposes; to the Committee on Foreign Affairs.

By Ms. BLUNT ROCHESTER (for herself, Ms. HERRERA BEUTLER, Mr. CURTIS, Mr. SMITH of New Jersey, and Ms. WATERS):

H.R. 3085. A bill to amend the Public Health Service Act to improve the diversity of participants in research on Alzheimer's disease, and for other purposes; to the Committee on Energy and Commerce.

By Mr. CARTWRIGHT (for himself and Mr. CARSON):

H.R. 3086. A bill to amend title 5, United States Code, to limit the number of local wage areas allowable within a General Schedule pay locality; to the Committee on Oversight and Reform.

By Ms. CHU (for herself, Mrs. WALORSKI, Mr. DOGGETT, and Ms. SCANLON):

H.R. 3087. A bill to amend title XVIII of the Social Security Act to provide coverage for custom fabricated breast prostheses following a mastectomy; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CICILLINE (for himself, Ms. LEE of California, Ms. SCANLON, Mr. TRONE, Ms. TITUS, Mrs. CAROLYN B. MALONEY of New York, Mr. COOPER, Mr. JOHNSON of Georgia, Ms. KELLY of Illinois, Ms. MENG, Mr. BEYER, Mr. BLUMENAUER, Ms. VELÁZQUEZ, Mr. DESAULNIER, Mr. AUCHINCLOSS, Mr. PETERS, Mrs. WATSON COLEMAN, Mrs. DEMINGS, Mr. DANNY K. DAVIS of Illinois, Mr. RASKIN, Mr. CONNOLLY, Ms. PORTER, Mr. CARSON, Ms. BROWNLEY,

Ms. LOIS FRANKEL of Florida, Mr. SCHIFF, Ms. WASSERMAN SCHULTZ, Ms. DEAN, Mr. RUPPERSBERGER, Mr. KIM of New Jersey, Mr. DEUTCH, Mr. JONES, Ms. GARCIA of Texas, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. TAKANO, Mr. EVANS, Ms. NORTON, Mr. NEGUSE, Mr. SWALWELL, Mrs. HAYES, Mr. TORRES of New York, Mr. SUOZZI, Ms. MOORE of Wisconsin, Ms. SCHAKOWSKY, Mr. BROWN, Mr. MOULTON, Mr. VARGAS, Ms. JACOBS of California, Mr. LIEU, Ms. BARRAGÁN, Mr. HIMES, Ms. WILSON of Florida, and Mr. KILDEE):

H.R. 3088. A bill to amend chapter 44 of title 18, United States Code, to ensure that all firearms are traceable, and for other purposes; to the Committee on the Judiciary.

By Ms. CLARK of Massachusetts (for herself and Ms. HERRERA BEUTLER):

H.R. 3089. A bill to amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and for other purposes; to the Committee on Energy and Commerce.

By Mr. COHEN (for himself, Ms. LEE of California, Mr. DANNY K. DAVIS of Illinois, and Mr. BLUMENAUER):

H.R. 3090. A bill to establish a grant program to support interstate rail compacts and improve the safety, efficiency, or reliability of passenger and freight rail transportation systems, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. COLE:

H.R. 3091. A bill to support clarity and consistency with regard to the exercise of criminal jurisdiction and authority in Indian country, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. CRAIG:

H.R. 3092. A bill to adjust the applicability of certain amendments to the Truth in Lending Act, and for other purposes; to the Committee on Financial Services.

By Mr. CRIST:

H.R. 3093. A bill to provide assistance to the hotel industry, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. DEAN (for herself and Mr. STEIL):

H.R. 3094. A bill to amend title 31, United States Code, to require the Secretary of the Treasury to designate a Coordinator for Human Trafficking Issues within the Department of the Treasury, and for other purposes; to the Committee on Financial Services, and in addition to the Committees on Foreign Affairs, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DEFAZIO (for himself, Mr. LARSEN of Washington, Ms. DAVIDS of Kansas, Mr. LAMB, Mr. KAHELE, Mr. RODNEY DAVIS of Illinois, Mr. FERGUSON, Mr. BACON, Mr. BERGMAN, and Mr. JOHNSON of Ohio):

H.R. 3095. A bill to ensure that authorizations issued by the Secretary of Transportation to foreign air carriers do not undermine labor rights or standards, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mrs. DEMINGS (for herself and Mr. BACON):

H.R. 3096. A bill to allow Federal law enforcement officers to purchase retired service weapons, and for other purposes; to the Committee on the Judiciary.

By Mr. DOGGETT (for himself, Mr. BLUMENAUER, Ms. CHU, Ms. ESCOBAR, Mr. GRIJALVA, Mr. NADLER, Mr. POCAN, Ms. PORTER, Mr. RASKIN, Ms. SCHAKOWSKY, Ms. BROWNLEY, Mr. ESPAILLAT, Ms. LEE of California, Mr. TAKANO, Mr. HUFFMAN, Mr. GARCÍA of Illinois, Mr. DESAULNIER, Mr. SWALWELL, Ms. TITUS, Ms. SÁNCHEZ, and Mr. KHANNA):

H.R. 3097. A bill to amend titles 23 and 49, United States Code, to require metropolitan planning organizations to consider greenhouse gas emissions in long-range transportation plans and transportation improvement programs, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. FITZPATRICK (for himself, Mr. GOLDEN, Mr. STAUBER, and Mr. LAMB):

H.R. 3098. A bill to prohibit a jurisdiction that defunds the police from receiving grants under certain Economic Development Assistance Programs and the Community Development Block Grant Program; to the Committee on Financial Services, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GARAMENDI (for himself, Mr. LOUDERMILK, Mr. MOONEY, and Mr. WILLIAMS of Texas):

H.R. 3099. A bill to amend the Financial Stability Act of 2010 to include the State insurance commissioner as a voting member of the Financial Stability Oversight Council, and for other purposes; to the Committee on Financial Services.

By Mrs. HAYES (for herself, Mr. LAWSON of Florida, and Mrs. TORRES of California):

H.R. 3100. A bill to amend the Food and Nutrition Act of 2008 to expand the eligibility of students to participate in the supplemental nutrition assistance program, establish college student food insecurity demonstration programs, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. HINSON (for herself, Mr. DUNCAN, Mr. HICE of Georgia, Ms. HERRELL, Mrs. MILLER-MEEKS, Mrs. BOEBERT, Mr. ROSENDALE, Mr. STEUBE, Mr. OWENS, Mr. BROOKS, Mr. PERRY, Mr. NORMAN, Mr. GIBBS, Mr. GALLAGHER, Mr. MOONEY, Mr. KELLER, Mr. BUDD, Mr. SMITH of Missouri, Mr. GOODEN of Texas, Mr. WOMACK, Mr. WEBER of Texas, Mr. CRAWFORD, Mrs. WAGNER, Mr. HUDSON, Mrs. FISCHBACH, Mr. RESCHENTHALER, Mr. FEENSTRA, Ms. TENNEY, Mr. HIGGINS of Louisiana, Mr. DAVIDSON, Mr. BABIN, Ms. STEFANIK, Mr. MASSIE, Mr. JOHNSON of Ohio, Mr. DESJARLAIS, Mr. GOSAR, Mr. WILLIAMS of Texas, Mr. SIMPSON, Mr. YOUNG, Mr. AMODEI, Mr. MCCLINTOCK, Mr. SESSIONS, Mr. LAMBORN, Mr. JORDAN, Mr. ZELDIN, Mr. CARTER of Georgia, Mr. MELJER, Mr. MANN, Mrs. MCCLAIN, Mr. BISHOP of North Carolina, Mr. CLOUD, Mr. RICE of South Carolina, Mr. NEWHOUSE, Mr.

KELLY of Pennsylvania, Mr. MOORE of Alabama, Mrs. GREENE of Georgia, Mr. PFLUGER, Mr. ARRINGTON, Mr. GROTHMAN, Mr. CAWTHORN, and Mr. WEBSTER of Florida):

H.R. 3101. A bill to amend the Internal Revenue Code of 1986 to repeal the firearm transfer tax, and for other purposes; to the Committee on Ways and Means.

By Mr. ISSA:

H.R. 3102. A bill to allow certain retiree beneficiaries to reenroll in, and establish monthly enrollment fee payment for, TRICARE Select at any time during 2021, and for other purposes; to the Committee on Armed Services.

By Mr. ISSA:

H.R. 3103. A bill to direct the Secretary of Defense to permit a veterans service organization to use the parking lot at the Pentagon for an annual veteran-led remembrance motorcycle ride; to the Committee on Armed Services.

By Mr. JOHNSON of South Dakota (for himself, Mr. ARMSTRONG, Mr. STEUBE, Mrs. HINSON, Mr. WEBER of Texas, Mr. FEENSTRA, Mrs. HARSHBARGER, Mr. BURCHETT, Mr. WILLIAMS of Texas, Mr. HICE of Georgia, Mr. GIBBS, and Mr. ROUZER):

H.R. 3104. A bill to shorten the extension, and the amount, of Federal Pandemic Unemployment Compensation in order to get Americans back to work; to the Committee on Ways and Means.

By Mr. JOYCE of Ohio (for himself and Mr. YOUNG):

H.R. 3105. A bill to limit the application of Federal laws to the distribution and consumption of marihuana, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. KELLY of Illinois:

H.R. 3106. A bill to amend the Workforce Innovation and Opportunity Act to provide funding, on a competitive basis, for summer and year-round employment opportunities for youth ages 14 through 24; to the Committee on Education and Labor.

By Ms. KELLY of Illinois:

H.R. 3107. A bill to amend the Internal Revenue Code of 1986 to modify the work opportunity credit for certain youth employees; to the Committee on Ways and Means.

By Ms. KELLY of Illinois (for herself and Mr. UPTON):

H.R. 3108. A bill to amend title XVIII of the Social Security Act to expand the availability of medical nutrition therapy services under the Medicare program; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. KIND (for himself, Mr. KELLY of Pennsylvania, Ms. SEWELL, and Mr. LAHOOD):

H.R. 3109. A bill to amend the Internal Revenue Code of 1986 to treat certain amounts paid for physical activity, fitness, and exercise as amounts paid for medical care; to the Committee on Ways and Means.

By Mrs. CAROLYN B. MALONEY of New York (for herself, Ms. HERRERA BEUTLER, Ms. ROYBAL-ALLARD, Ms. ADAMS, and Ms. UNDERWOOD):

H.R. 3110. A bill to amend the Fair Labor Standards Act of 1938 to expand access to breastfeeding accommodations in the workplace, and for other purposes; to the Committee on Education and Labor.

By Mr. MCGOVERN (for himself and Ms. PRESSLEY):

H.R. 3111. A bill to provide grants to owners of intergenerational dwelling units, and for other purposes; to the Committee on Financial Services.

By Mr. MCNERNEY (for himself, Mr. SWALWELL, Mr. PANETTA, and Ms. ESHOO):

H.R. 3112. A bill to amend the Reclamation Wastewater and Groundwater Study and Facilities Act to authorize certain recycled water projects, and for other purposes; to the Committee on Natural Resources.

By Mr. MOORE of Utah (for himself, Mr. FULCHER, Mr. NEGUSE, and Ms. SCHRIER):

H.R. 3113. A bill to require the Secretary of the Interior, the Secretary of Agriculture, and the Assistant Secretary of the Army for Civil Works to digitize and make publicly available geographic information system mapping data relating to public access to Federal land and waters for outdoor recreation, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Agriculture, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MRVAN (for himself and Mr. SCOTT of Virginia):

H.R. 3114. A bill to provide benefits authorized under the Longshore and Harbor Workers' Compensation Act to maritime workers who contract COVID-19, and for other purposes; to the Committee on Education and Labor.

By Ms. OMAR (for herself, Ms. MOORE of Wisconsin, Mrs. BEATTY, Mr. BOWMAN, Ms. BUSH, Mr. CARSON, Ms. CLARKE of New York, Mr. CORREA, Mr. DANNY K. DAVIS of Illinois, Mr. DESAULNIER, Mr. ESPAILLAT, Mr. GRIJALVA, Mrs. HAYES, Ms. NORTON, Mr. JONES, Mr. KHANNA, Ms. LEE of California, Ms. LOFGREN, Mr. LOWENTHAL, Mrs. CAROLYN B. MALONEY of New York, Mr. MORELLE, Ms. OCASIO-CORTEZ, Ms. PRESSLEY, Mr. RASKIN, Ms. SCHAKOWSKY, Mr. SMITH of Washington, Ms. STRICKLAND, Ms. TLAIB, Mr. TORRES of New York, Mr. VARGAS, Ms. VELÁZQUEZ, Mrs. WATSON COLEMAN, Mr. WELCH, Ms. MENG, Mrs. NAPOLITANO, Mr. BLUMENAUER, Mr. COHEN, Ms. WILSON of Florida, Mr. SUOZZI, and Ms. BARRAGÁN):

H.R. 3115. A bill to amend the Child Nutrition Act of 1966 and the Richard B. Russell National School Lunch Act to make breakfasts and lunches free for all children, and for other purposes; to the Committee on Education and Labor, and in addition to the Committees on Science, Space, and Technology, and Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PALLONE (for himself, Mr. GRIJALVA, Mr. SRES, Ms. NORTON, Mr. CONNOLLY, Mr. MALINOWSKI, Mr. PASCRELL, Ms. PINGREE, Mr. BLUMENAUER, Mr. CICILLINE, Mrs. WATSON COLEMAN, Mr. SWALWELL, Mr. MCEACHIN, Ms. BONAMICI, Mr. RUTHERFORD, Mr. JONES, Mr. VAN DREW, Mr. SMITH of New Jersey, Ms. NEWMAN, Mr. CASE, Mr. CRIST, Mr. SCOTT of Virginia, and Ms. ROSS):

H.R. 3116. A bill to amend the Outer Continental Shelf Lands Act to permanently prohibit the conduct of offshore drilling on the outer Continental Shelf in the Mid-Atlantic, South Atlantic, North Atlantic, and Straits

of Florida planning areas; to the Committee on Natural Resources.

By Ms. PRESSLEY (for herself, Mr. ESPAILLAT, Ms. OCASIO-CORTEZ, Mrs. CAROLYN B. MALONEY of New York, Mr. BOWMAN, Ms. NORTON, Ms. TLAIB, Mr. BLUMENAUER, Ms. OMAR, and Mrs. WATSON COLEMAN):

H.R. 3117. A bill to require Federal law enforcement and prison officials to obtain or provide immediate medical attention to individuals in custody who display medical distress; to the Committee on the Judiciary.

By Mr. QUIGLEY:

H.R. 3118. A bill to require the disclosure of certain visitor access records; to the Committee on Oversight and Reform.

By Mr. RUSH (for himself and Mr. WALBERG):

H.R. 3119. A bill to amend the Department of Energy Organization Act with respect to functions assigned to Assistant Secretaries, and for other purposes; to the Committee on Energy and Commerce.

By Mr. SMITH of Nebraska (for himself, Mr. FORTENBERRY, and Mr. BACON):

H.R. 3120. A bill to require notification of a Governor of a State if an unaccompanied alien child is placed for custody and care in the State; to the Committee on the Judiciary.

By Ms. SPEIER (for herself, Mrs. BICE of Oklahoma, Ms. JACOBS of California, Ms. BONAMICI, Ms. BROWNLEY, Mr. CARSON, Mr. CASE, Mr. CASTRO of Texas, Mr. CICILLINE, Mr. GALLEGO, Ms. HOULAHAN, Mr. KAHLE, Mr. MCGOVERN, Mr. MORELLE, Mr. MOULTON, Mrs. NAPOLITANO, Ms. NORTON, Ms. PORTER, Ms. ROSS, Mr. RYAN, Ms. SHERRILL, Ms. STRICKLAND, Ms. TITUS, Mr. TURNER, Mr. VELA, Ms. VELÁZQUEZ, and Ms. WILD):

H.R. 3121. A bill to expand child care opportunities for members of the Armed Forces, and for other purposes; to the Committee on Armed Services.

By Ms. SPEIER (for herself, Mrs. BICE of Oklahoma, Mrs. CAROLYN B. MALONEY of New York, Mr. JOYCE of Ohio, Ms. BARRAGÁN, Ms. BONAMICI, Ms. BROWNLEY, Mr. CARSON, Mr. CASTRO of Texas, Mr. CICILLINE, Ms. DELAULO, Mr. GALLEGO, Ms. HOULAHAN, Mr. KATKO, Mr. MCGOVERN, Mr. MORELLE, Mr. MOULTON, Mrs. NAPOLITANO, Ms. NORTON, Ms. PORTER, Ms. PRESSLEY, Ms. ROSS, Mr. RYAN, Ms. SHERRILL, Ms. STRICKLAND, Ms. TITUS, Mr. TURNER, Mr. VELA, Ms. VELÁZQUEZ, Ms. WILD, Ms. WILSON of Florida, and Mr. YOUNG):

H.R. 3122. A bill to amend title 10, United States Code, to expand parental leave for members of the Armed Forces, to reduce the service commitment required for participation in the career intermission program of a military department, and for other purposes; to the Committee on Armed Services.

By Mr. SUOZZI (for himself and Mr. LAHOOD):

H.R. 3123. A bill to amend the Internal Revenue Code of 1986 to provide the same treatment to publicly offered, non traded Real Estate Investment Trusts as is provided to exchange traded Real Estate Investment Trusts under the Foreign Investment in Real Property Tax Act of 1980; to the Committee on Ways and Means.

By Mr. THOMPSON of California:

H.R. 3124. A bill to amend title XVIII of the Social Security Act to provide for the application of Medicare secondary payer rules to certain workers' compensation settlement agreements and qualified Medicare set-aside provisions; to the Committee on Ways and Means, and in addition to the Committee on

Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. VARGAS (for himself and Mr. HILL):

H.R. 3125. A bill to enhance authorities under the Defense Production Act of 1950 to respond to the COVID-19 emergency, to provide additional oversight of such authorities, and for other purposes; to the Committee on Financial Services.

By Mrs. WATSON COLEMAN (for herself, Ms. ADAMS, Ms. BASS, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BONAMICI, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CARSON, Ms. CHU, Mr. COHEN, Mr. CONNOLLY, Mr. COOPER, Mr. ESPAILLAT, Mr. EVANS, Mr. FOSTER, Ms. LOIS FRANKEL of Florida, Mrs. HAYES, Mr. JOHNSON of Georgia, Mr. JONES, Mr. KILMER, Mr. LANGEVIN, Mr. LARSON of Connecticut, Ms. LEE of California, Mr. LEVIN of California, Mrs. CAROLYN B. MALONEY of New York, Mr. MEEKS, Ms. MENG, Mr. MOULTON, Ms. NORTON, Mr. PAYNE, Mr. POCAN, Ms. ROSS, Ms. ROYBAL-ALLARD, Ms. SEWELL, Ms. SHERRILL, Mr. SMITH of Washington, Ms. STEVENS, Ms. STRICKLAND, Mr. SWALWELL, Ms. TLAIB, Mr. TORRES of New York, Ms. WASSERMAN SCHULTZ, Ms. WILSON of Florida, Mr. GARCÍA of Illinois, and Ms. CASTOR of Florida):

H.R. 3126. A bill to amend title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. WILD (for herself and Mr. FITZPATRICK):

H.R. 3127. A bill to provide grants to enable nonprofit disability organizations to develop training programs that support safe interactions between law enforcement officers and individuals with disabilities and older individuals; to the Committee on the Judiciary.

By Mr. YOUNG (for himself and Mrs. RADEWAGEN):

H.R. 3128. A bill to establish the American Fisheries Advisory Committee to assist in the awarding of fisheries research and development grants, and for other purposes; to the Committee on Natural Resources.

By Ms. BASS (for herself, Mr. BACON, Mr. LANGEVIN, Mrs. LAWRENCE, Mr. MULLIN, Mr. FITZPATRICK, Ms. NORTON, Mr. LOWENTHAL, Mr. CICILLINE, Ms. TITUS, Ms. DELBENE, Mr. ESPAILLAT, Mr. SMITH of Washington, Ms. BROWNLEY, Mr. COHEN, Ms. SEWELL, Mr. KILDEE, Miss RICE of New York, Ms. SCHAKOWSKY, Mrs. WATSON COLEMAN, Mr. SEAN PATRICK MALONEY of New York, Ms. CASTOR of Florida, Mrs. AXNE, Ms. BONAMICI, Ms. MOORE of Wisconsin, Mr. RUSH, Mr. YARMUTH, Mr. DEUTCH, Ms. STRICKLAND, Mr. GRIJALVA, and Mr. DANNY K. DAVIS of Illinois):

H. Res. 381. A resolution recognizing National Foster Care Month as an opportunity to raise awareness about the challenges of children in the foster care system, and encouraging Congress to implement policy to improve the lives of children in the foster care system; to the Committee on Ways and Means.

By Mr. KIND (for himself, Mr. SCHWEIKERT, Mr. BEYER, and Mr. FERGUSON):

H. Res. 382. A resolution expressing the sense of the House of Representatives that the United States should reaffirm its commitment as a member of the World Trade Organization (WTO) and work with other WTO members to achieve reforms at the WTO that improve the speed and predictability of dispute settlement, address longstanding concerns with the WTO's Appellate Body, increase transparency at the WTO, ensure that WTO members invoke special and differential treatment reserved for developing countries only in fair and appropriate circumstances, and update the WTO rules to address the needs of the United States and other free and open economies in the 21st century; to the Committee on Ways and Means.

By Mr. MOOLENAAR (for himself and Mrs. BUSTOS):

H. Res. 383. A resolution recognizing the 50th anniversary of the National Association of Chemical Distributors; to the Committee on Energy and Commerce.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. HUFFMAN:

H.R. 3075.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 3076.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section I, Clause 18 (Necessary and Proper Clause)

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 3077.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section I, Clause 18 (Necessary and Proper Clause)

By Mr. UPTON:

H.R. 3078.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: Congress shall have power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. RUTHERFORD:

H.R. 3079.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. BACON:

H.R. 3080.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of section 8 of article I of the Constitution.

By Mr. ARMSTRONG:

H.R. 3081.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 clause 18 of the United States Constitution

By Mr. BARR:

H.R. 3082.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Ms. BASS:

H.R. 3083.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 1 of the United States Constitution, providing—"All legislative Powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives."

By Mr. BERA:

H.R. 3084.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8: Powers of the Congress

By Ms. BLUNT ROCHESTER:

H.R. 3085.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, of the U.S. Constitution

By Mr. CARTWRIGHT:

H.R. 3086.

Congress has the power to enact this legislation pursuant to the following:

Article I; Section 8; Clause 1 of the Constitution states The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States . . .

By Ms. CHU:

H.R. 3087.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article 1 of the United States Constitution

By Mr. CICILLINE:

H.R. 3088.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution of the United States

By Ms. CLARK of Massachusetts:

H.R. 3089.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. COHEN:

H.R. 3090.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. COLE:

H.R. 3091.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8 which grants Congress the power to regulate Commerce with the Indian Tribes.

By Ms. CRAIG:

H.R. 3092.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

"The Congress shall have Power to . . . provide for the . . . general Welfare of the United States; . . ."

By Mr. CRIST:

H.R. 3093.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Ms. DEAN:

H.R. 3094.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. DEFazio:

H.R. 3095.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1, Clause 3, and Clause 18 of the Constitution.

By Mrs. DEMINGS:
H.R. 3096.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, clause 3
By Mr. DOGGETT:
H.R. 3097.
Congress has the power to enact this legislation pursuant to the following:
Clause 1 of Section 8 of Article I of the United States Constitution
By Mr. FITZPATRICK:
H.R. 3098.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section VIII
By Mr. GARAMENDI:
H.R. 3099.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clauses 5 and 18 of the U.S. Constitution
By Mrs. HAYES:
H.R. 3100.
Congress has the power to enact this legislation pursuant to the following:
Article I Section 8
By Mrs. HINSON:
H.R. 3101.
Congress has the power to enact this legislation pursuant to the following:
Amendment II
Article I, Section 8, Clause 1
By Mr. ISSA:
H.R. 3102.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18 of the Constitution.
By Mr. ISSA:
H.R. 3103.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 18 of the Constitution.
By Mr. JOHNSON of South Dakota:
H.R. 3104.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 3
By Mr. JOYCE of Ohio:
H.R. 3105.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3.
By Ms. KELLY of Illinois:
H.R. 3106.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause I of the Constitution of the United States.
By Ms. KELLY of Illinois:
H.R. 3107.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause I of the Constitution of the United States.
By Ms. KELLY of Illinois:
H.R. 3108.
Congress has the power to enact this legislation pursuant to the following:
Clause 18 of Section 8 of Article 1 of the Constitution
By Mr. KIND:
H.R. 3109.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8
By Mrs. CAROLYN B. MALONEY of New York:
H.R. 3110.
Congress has the power to enact this legislation pursuant to the following:
Under Article I, Section 8, Clause 3: [The Congress shall have Power] To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes
By Mr. McGOVERN:
H.R. 3111.

Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8
By Mr. McNERNEY:
H.R. 3112.
Congress has the power to enact this legislation pursuant to the following:
Article I, section 8 of the Constitution of the United States grants Congress the authority to enact this bill.
By Mr. MOORE of Utah:
H.R. 3113.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8
By Mr. MRVAN:
H.R. 3114.
Congress has the power to enact this legislation pursuant to the following:
The Congress enacts this bill pursuant to Clause 1 of Section 8 of Article I and Clause 3 of Section 8 of Article I of the United States Constitution.
By Ms. OMAR:
H.R. 3115.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8
By Mr. PALLONE:
H.R. 3116.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8 of the Constitution.
By Ms. PRESSLEY:
H.R. 8117.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
By Mr. QUIGLEY:
H.R. 3118.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8. Clause 3 of the U.S. Constitution
By Mr. RUSH:
H.R. 3119.
Congress has the power to enact this legislation pursuant to the following:
Article 1 Section 8
By Mr. SMITH of Nebraska:
H.R. 3120.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 4 of the Constitution provides that Congress shall have power "To establish a uniform Rule of Naturalization."
By Ms. SPEIER:
H.R. 3121.
Congress has the power to enact this legislation pursuant to the following:
This bill is enacted pursuant to the power granted to Congress under Article 1, Section 8 of the United States Constitution.
By Ms. SPEIER:
H.R. 3122.
Congress has the power to enact this legislation pursuant to the following:
This bill is enacted pursuant to the power granted to Congress under Article 1, Section 8 of the United States Constitution.
By Mr. SUOZZI:
H.R. 3123.
Congress has the power to enact this legislation pursuant to the following:
The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.
By Mr. THOMPSON of California:
H.R. 3124.

Congress has the power to enact this legislation pursuant to the following:
Article I
By Mr. VARGAS:
H.R. 3125.
Congress has the power to enact this legislation pursuant to the following:
(1) To regulate commerce with foreign nations, and among the several states, and with the Indian tribes, as enumerated in Article 1, Section 8, Clause 3 of the U.S. Constitution;
(2) To make all laws necessary and proper for executing powers vested by the Constitution in the Government of the United States, as enumerated in Article I, Section 8, Clause 18 of the United States Constitution.
By Mrs. WATSON COLEMAN:
H.R. 3126.
Congress has the power to enact this legislation pursuant to the following:
Article 1. Section 8, Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof.
By Ms. WILD:
H.R. 3127.
Congress has the power to enact this legislation pursuant to the following:
Article I Section VIII
By Mr. YOUNG:
H.R. 3128.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 19: Mr. KINZINGER, Mr. SCALISE, and Mr. COLE.
H.R. 40: Mr. CUELLAR.
H.R. 49: Mr. AUCHINCLOSS, Ms. CRAIG, Mr. JONES, and Ms. SANCHEZ.
H.R. 151: Mr. PANETTA and Mr. TORRES of New York.
H.R. 197: Ms. LOFGREN.
H.R. 249: Mr. FOSTER.
H.R. 255: Ms. TITUS.
H.R. 261: Mr. McCAUL and Mr. VAN DREW.
H.R. 262: Mr. MEIJER and Ms. KELLY of Illinois.
H.R. 263: Mr. AUCHINCLOSS, Mr. CRIST, and Ms. BOURDEAUX.
H.R. 310: Mr. COOPER.
H.R. 322: Mr. McCAUL.
H.R. 377: Ms. TENNEY and Mr. BISHOP of North Carolina.
H.R. 378: Mr. BISHOP of North Carolina.
H.R. 392: Mr. SCOTT of Virginia.
H.R. 425: Ms. STRICKLAND.
H.R. 433: Ms. WILLIAMS of Georgia, Ms. STEVENS, Mr. TAYLOR, and Ms. TENNEY.
H.R. 463: Mr. DESAULNIER and Ms. ROSS.
H.R. 471: Mr. GOODEN of Texas.
H.R. 475: Mr. RYAN, Ms. ROSS, Ms. STRICKLAND, and Mr. MORELLE.
H.R. 477: Mr. CÁRDENAS.
H.R. 508: Ms. ROSS.
H.R. 542: Ms. CHU.
H.R. 556: Ms. BOURDEAUX.
H.R. 581: Mrs. HARTZLER.
H.R. 586: Ms. WILLIAMS of Georgia, Mr. SCHRADER, and Mr. TAYLOR.
H.R. 604: Ms. STRICKLAND and Ms. BUSH.
H.R. 620: Mr. HUDSON.
H.R. 623: Mrs. DINGELL and Mr. MCEACHIN.
H.R. 628: Ms. MACE and Mr. WITTMAN.
H.R. 707: Mr. JACKSON, Ms. PORTER, and Mr. KILMER.
H.R. 721: Ms. WILLIAMS of Georgia and Ms. GARCIA of Texas.

H.R. 735: Mr. MCCARTHY.
 H.R. 748: Mr. AGUILAR, Mr. HIGGINS of New York, Mr. MEEKS, Ms. KUSTER, Mr. GALLEG0, and Ms. CLARKE of New York.
 H.R. 794: Ms. BUSH.
 H.R. 824: Mrs. FISCHBACH.
 H.R. 825: Mr. LIEU.
 H.R. 841: Ms. MACE and Mr. DELGADO.
 H.R. 849: Mr. SOTO, Mr. LAWSON of Florida, Mr. JEFFRIES, Mr. NORCROSS, Ms. CRAIG, Ms. OMAR, and Ms. WILLIAMS of Georgia.
 H.R. 859: Mr. GOODEN of Texas and Mr. BUDD.
 H.R. 869: Ms. TLAIB, Ms. SEWELL, Mr. MCKINLEY, Ms. JACOBS of California, and Mr. TORRES of New York.
 H.R. 890: Mr. GARCÍA of Illinois, Mr. ROUZER, Mrs. MCBATH, Mr. CRIST, Ms. MALLIOTAKIS, Mr. THOMPSON of California, and Mrs. LURIA.
 H.R. 892: Mrs. BICE of Oklahoma.
 H.R. 903: Ms. SÁNCHEZ, Ms. BASS, Ms. CLARKE of New York, Ms. PORTER, Ms. LOFGREN, Ms. VELÁZQUEZ, Mr. HARDER of California, Mr. MCGOVERN, Mr. GRIJALVA, Mr. SCOTT of Virginia, Mr. DESAULNIER, Ms. SLOTKIN, Mr. YOUNG, Ms. STEVENS, Mr. PANNETTA, Ms. BOURDEAUX, Ms. JACKSON LEE, Mr. CICILLINE, Mr. DANNY K. DAVIS of Illinois, and Ms. CRAIG.
 H.R. 909: Ms. NORTON.
 H.R. 921: Mr. TIMMONS and Ms. SCANLON.
 H.R. 922: Mr. HUDSON.
 H.R. 928: Mr. SWALWELL.
 H.R. 938: Ms. CRAIG.
 H.R. 958: Mrs. AXNE.
 H.R. 959: Ms. MENG, Mr. YARMUTH, and Mr. DESAULNIER.
 H.R. 962: Mr. FERGUSON, Mrs. LURIA, Mr. ALLRED, and Ms. SPANBERGER.
 H.R. 977: Mr. EVANS.
 H.R. 986: Mr. THOMPSON of California.
 H.R. 1004: Mr. AUCHINCLOSS.
 H.R. 1012: Mr. SARBANES, Mrs. WATSON COLEMAN, Mr. MANN, Mr. PALLONE, Ms. SPANBERGER, and Ms. BONAMICI.
 H.R. 1022: Ms. MALLIOTAKIS, Mr. VARGAS, Mr. KILMER, Miss GONZÁLEZ-COLÓN, Mr. PENCE, and Mr. FLEISCHMANN.
 H.R. 1057: Mr. WOMACK, Ms. SALAZAR, and Mr. TONY GONZALES of Texas.
 H.R. 1062: Mr. RESCHENTHALER.
 H.R. 1069: Mr. CAWTHORN.
 H.R. 1155: Ms. ESHOO and Ms. TITUS.
 H.R. 1183: Ms. WILLIAMS of Georgia.
 H.R. 1205: Mr. FITZPATRICK.
 H.R. 1219: Mr. SUOZZI, Mr. CARSON, and Mr. QUIGLEY.
 H.R. 1227: Ms. WEXTON.
 H.R. 1228: Mr. SHERMAN and Ms. SPANBERGER.
 H.R. 1235: Ms. TENNEY and Mr. KATKO.
 H.R. 1259: Mr. CARL.
 H.R. 1273: Mr. GRIJALVA and Mrs. AXNE.
 H.R. 1275: Mr. COMER.
 H.R. 1283: Mr. VAN DREW, Mr. AGUILAR, Mr. THOMPSON of Pennsylvania, Mrs. NAPOLITANO, Mr. SEAN PATRICK MALONEY of New York, Mr. KRISHNAMOORTHY, Mr. ROUZER, Ms. ROSS, and Mr. FITZPATRICK.
 H.R. 1297: Mr. KATKO, Ms. BARRAGÁN, and Mr. BISHOP of Georgia.
 H.R. 1299: Mr. CARBAJAL.
 H.R. 1304: Mr. KILDEE, Ms. HOULAHAN, Mr. RYAN, Mr. TAYLOR, Mr. WENSTRUP, Mr. BIGGS, Mr. BUCHANAN, Mr. REED, and Mr. STEIL.
 H.R. 1321: Mr. GOTTHEIMER and Mr. DAVIDSON.
 H.R. 1324: Mr. GOTTHEIMER.
 H.R. 1346: Mr. TURNER, Mr. GIMENEZ, Ms. PLASKETT, Mr. PETERS, Mr. KATKO, and Mr. MCHENRY.
 H.R. 1348: Ms. WILSON of Florida and Mr. TRONE.
 H.R. 1362: Mrs. HINSON.
 H.R. 1379: Mr. COHEN and Ms. SLOTKIN.
 H.R. 1391: Mr. JONES, Mr. NEGUSE, and Ms. WILD.

H.R. 1393: Mr. KHANNA.
 H.R. 1407: Mr. YOUNG.
 H.R. 1442: Mr. GARBARINO, Mr. KAHELE, Mr. TRONE, Mr. VALADAO, Mr. SMUCKER, and Ms. SALAZAR.
 H.R. 1448: Mr. MANN, Miss GONZÁLEZ-COLÓN, and Mr. LAWSON of Florida.
 H.R. 1453: Mr. COMER.
 H.R. 1457: Ms. WILLIAMS of Georgia.
 H.R. 1480: Mr. DESAULNIER and Ms. WILLIAMS of Georgia.
 H.R. 1484: Mr. JONES and Mr. TONKO.
 H.R. 1551: Mr. COHEN, Ms. CASTOR of Florida, Mr. PETERS, Ms. ROSS, Mr. CICILLINE, Mr. CRIST, Mr. RODNEY DAVIS of Illinois, Mr. PASCRELL, Mr. YARMUTH, and Mr. LOWENTHAL.
 H.R. 1585: Mr. MAST.
 H.R. 1587: Ms. HERRERA BEUTLER.
 H.R. 1611: Mr. CÁRDENAS and Mr. SMITH of Nebraska.
 H.R. 1623: Mrs. CAROLYN B. MALONEY of New York.
 H.R. 1624: Mrs. CAROLYN B. MALONEY of New York.
 H.R. 1629: Mr. FITZPATRICK.
 H.R. 1630: Mr. MOULTON, Mr. LIEU, Mr. SUOZZI, Mr. VARGAS, Ms. BASS, Mr. SCHIFF, Mr. CONNOLLY, Ms. STRICKLAND, and Ms. TITUS.
 H.R. 1633: Mr. BISHOP of Georgia.
 H.R. 1644: Mr. COHEN, Ms. JAYAPAL, and Mrs. LAWRENCE.
 H.R. 1676: Mr. FITZPATRICK and Ms. ROSS.
 H.R. 1688: Mr. JOHNSON of South Dakota, Ms. DAVIDS of Kansas, and Mrs. AXNE.
 H.R. 1693: Mr. COLE.
 H.R. 1695: Ms. STRICKLAND.
 H.R. 1703: Mr. WITTMAN.
 H.R. 1704: Ms. BOURDEAUX and Mr. VAN DREW.
 H.R. 1730: Mr. RODNEY DAVIS of Illinois and Ms. TENNEY.
 H.R. 1735: Mr. BUCHANAN, Mr. DEUTCH, Mrs. MCBATH, and Mr. DOGGETT.
 H.R. 1745: Mr. ROUZER, Mr. WOMACK, Mr. NEHLS, Mrs. WALORSKI, Mr. CRAWFORD, Mr. BARR, Mr. AMODEI, Mr. RESCHENTHALER, Mr. BROOKS, Mr. VAN DREW, Mr. MAST, Mr. FERGUSON, Mr. BUCSHON, Mr. NORMAN, Mr. CRENSHAW, Mr. BACON, Mr. EMMER, and Mrs. FISCHBACH.
 H.R. 1785: Ms. OCASIO-CORTEZ.
 H.R. 1790: Ms. NORTON.
 H.R. 1800: Mr. CONNOLLY.
 H.R. 1808: Ms. BOURDEAUX.
 H.R. 1819: Mr. SEAN PATRICK MALONEY of New York.
 H.R. 1833: Mr. PFLUGER.
 H.R. 1843: Mr. PAPPAS.
 H.R. 1860: Mr. KATKO.
 H.R. 1902: Mr. CAWTHORN.
 H.R. 1905: Mr. CARTWRIGHT.
 H.R. 1911: Mr. CICILLINE and Ms. MENG.
 H.R. 1930: Mr. COOPER.
 H.R. 1931: Mr. JONES, Mr. CORREA, Mr. FITZPATRICK, and Mr. STEWART.
 H.R. 1937: Mr. KELLER and Mr. BUDD.
 H.R. 1946: Mr. MULLIN, Mr. BUCHANAN, Mr. PENCE, and Mrs. MILLER-MEEKS.
 H.R. 1948: Mrs. AXNE, Mr. DESAULNIER, Mr. JONES, Ms. MENG, Mr. SCOTT of Virginia, Ms. VELÁZQUEZ, and Mr. COSTA.
 H.R. 1972: Mr. BLUMENAUER.
 H.R. 1978: Mr. TRONE.
 H.R. 1983: Mr. HIMES.
 H.R. 1986: Mr. LEVIN of Michigan, Ms. DELBENE, and Mr. FITZPATRICK.
 H.R. 2012: Ms. BROWNLEY and Mr. LOWENTHAL.
 H.R. 2021: Mr. CARTWRIGHT, Ms. WILSON of Florida, and Mr. POCAN.
 H.R. 2035: Mr. CASE and Ms. BLUNT ROCH-ESTER.
 H.R. 2067: Ms. DEAN and Ms. SPANBERGER.
 H.R. 2073: Ms. DEGETTE.
 H.R. 2079: Mrs. HINSON.
 H.R. 2085: Mr. STAUBER, Mr. KILMER, and Ms. DELBENE.

H.R. 2099: Mr. YOUNG.
 H.R. 2102: Mr. BLUMENAUER, Mr. BOWMAN, Mr. CLEAVER, Ms. NORTON, Mr. JONES, Mr. LOWENTHAL, Ms. PINGREE, Ms. PRESSLEY, Mr. SHERMAN, and Mr. TAKANO.
 H.R. 2119: Ms. CHU.
 H.R. 2120: Mr. BROWN.
 H.R. 2121: Ms. WILLIAMS of Georgia.
 H.R. 2125: Ms. NORTON and Mr. O'HALLERAN.
 H.R. 2126: Ms. WILLIAMS of Georgia and Mr. KHANNA.
 H.R. 2130: Mr. HARDER of California.
 H.R. 2163: Mr. RODNEY DAVIS of Illinois.
 H.R. 2166: Mr. SMUCKER, Ms. ROYBAL-ALLARD, Mr. SMITH of New Jersey, Mr. NEGUSE, Ms. SPANBERGER, Mrs. NAPOLITANO, and Mr. COLE.
 H.R. 2188: Mr. GIMENEZ and Mr. C. SCOTT FRANKLIN of Florida.
 H.R. 2192: Mr. MCGOVERN and Mrs. AXNE.
 H.R. 2193: Mr. RUIZ and Ms. BROWNLEY.
 H.R. 2198: Ms. BROWNLEY, Mr. BISHOP of Georgia, Ms. BARRAGÁN, Mrs. DINGELL, Ms. MATSUI, Ms. DEAN, Mrs. NAPOLITANO, Ms. WASSERMAN SCHULTZ, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. GARCÍA of Illinois, and Mr. GOMEZ.
 H.R. 2208: Mr. CUELLAR.
 H.R. 2214: Mr. JOHNSON of Georgia.
 H.R. 2222: Mr. DESAULNIER and Mr. PRICE of North Carolina.
 H.R. 2225: Ms. LOFGREN and Mr. TONKO.
 H.R. 2226: Ms. LEGER FERNANDEZ.
 H.R. 2234: Mr. JEFFRIES, Mr. SWALWELL, and Mr. NORCROSS.
 H.R. 2249: Mrs. BUSTOS, Mrs. AXNE, and Ms. JAYAPAL.
 H.R. 2256: Mr. SIRES, Mr. KIM of New Jersey, Mr. FOSTER, Mr. CRIST, Mr. JACOBS of New York, Mr. PAPPAS, Mr. TURNER, Mr. MCKINLEY, Mr. PRICE of North Carolina, Mr. CASE, Mr. LUCAS, Mr. JEFFRIES, Mr. RUTHERFORD, Ms. CASTOR of Florida, Ms. SALAZAR, Mr. DIAZ-BALART, Mr. AGUILAR, Mrs. DEMINGS, Mr. CASTEN, Ms. DAVIDS of Kansas, Mr. O'HALLERAN, Ms. ESCOBAR, Ms. LOIS FRANKEL of Florida, Mr. HIGGINS of New York, and Mr. KHANNA.
 H.R. 2289: Ms. GRANGER.
 H.R. 2294: Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. HUDSON, Mr. LOWENTHAL, and Ms. CRAIG.
 H.R. 2295: Ms. NORTON, Mr. FITZPATRICK, Ms. JACKSON LEE, Mr. RUSH, and Ms. TLAIB.
 H.R. 2297: Ms. DEAN.
 H.R. 2307: Ms. ROSS, Mrs. WATSON COLEMAN, Ms. KUSTER, Mr. PERLMUTTER, Mr. CLEAVER, Mr. VARGAS, Mr. COOPER, Mr. NEGUSE, and Ms. DEAN.
 H.R. 2316: Mr. GOSAR.
 H.R. 2337: Ms. LEGER FERNANDEZ, Mr. YARMUTH, Ms. WEXTON, Mr. COOPER, Ms. STRICKLAND, Ms. VELÁZQUEZ, Ms. ROSS, and Ms. MANNING.
 H.R. 2339: Mr. LEE of California, Mr. LAMB, and Mr. TRONE.
 H.R. 2361: Mr. CASE.
 H.R. 2363: Mrs. WAGNER, Mr. RODNEY DAVIS of Illinois, Mr. CARTER of Georgia, and Mr. FLEISCHMANN.
 H.R. 2368: Mr. PHILLIPS.
 H.R. 2373: Mr. FITZPATRICK and Mr. KILMER.
 H.R. 2376: Ms. KUSTER.
 H.R. 2385: Ms. CHU, Ms. ESHOO, Mrs. LAWRENCE, Ms. TITUS, Mr. TRONE, and Ms. SHERRILL.
 H.R. 2389: Mr. WEBER of Texas.
 H.R. 2392: Mr. WEBER of Texas.
 H.R. 2399: Ms. BOURDEAUX.
 H.R. 2409: Mr. WALTZ, Mr. DESJARLAIS, Mr. ZELDIN, Mr. WEBER of Texas, and Mr. FITZPATRICK.
 H.R. 2449: Mr. CASE.
 H.R. 2454: Ms. STEFANIK, Mr. AMODEI, Mr. SOTO, Mrs. NAPOLITANO, Mr. HIGGINS of Louisiana, and Mr. BLUMENAUER.
 H.R. 2455: Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. SUOZZI, Mr. PASCRELL, Ms.

JACKSON LEE, Ms. DEGETTE, Mr. HILL, Mr. SMITH of Missouri, Mr. POSEY, and Mr. ARRINGTON.

H.R. 2476: Mr. SIRES.

H.R. 2480: Ms. ROYBAL-ALLARD.

H.R. 2485: Mr. MOULTON.

H.R. 2486: Ms. SPANBERGER, Mr. THOMPSON of Pennsylvania, Mr. SMITH of Nebraska, Mr. DESJARLAIS, Mr. BISHOP of Georgia, Mr. PERRY, and Mr. FLEISCHMANN.

H.R. 2491: Mr. MCHENRY.

H.R. 2502: Ms. TITUS, Ms. VELÁZQUEZ, Mr. LEVIN of California, Mr. RODNEY DAVIS of Illinois, Mrs. BICE of Oklahoma, Ms. HOULAHAN, Mrs. HAYES, Mr. FITZPATRICK, Ms. ESHOO, Ms. NORTON, Mr. MCGOVERN, Mr. MOULTON, and Ms. STRICKLAND.

H.R. 2503: Ms. STRICKLAND and Mr. TRONE.

H.R. 2513: Mr. SEAN PATRICK MALONEY of New York and Mr. POCAN.

H.R. 2514: Ms. PINGREE.

H.R. 2517: Mr. COLE and Ms. WATERS.

H.R. 2535: Mr. GARAMENDI.

H.R. 2539: Mr. GRIJALVA.

H.R. 2541: Mr. GRIJALVA.

H.R. 2558: Mr. KELLER, Mr. CLINE, Mr. WITTMAN, Mr. STEIL, Mr. MOOLENAAR, Mr. OBERNOLTE, and Mr. COLE.

H.R. 2570: Ms. BROWNLEY, Ms. VELÁZQUEZ, Mr. PHILLIPS, Mr. SHERMAN, Mr. GRIJALVA, Mr. GARCÍA of Illinois, and Ms. PRESSLEY.

H.R. 2591: Mr. BUCHANAN.

H.R. 2594: Ms. SPANBERGER.

H.R. 2601: Mrs. LESKO.

H.R. 2616: Mr. HARDER of California.

H.R. 2639: Mr. KELLY of Pennsylvania and Mr. MOOLENAAR.

H.R. 2642: Mrs. WAGNER, Mr. CLEAVER, Mr. COLE, and Mr. FOSTER.

H.R. 2654: Ms. SEWELL, Ms. MENG, Mr. YARMUTH, Mr. SMITH of Nebraska, and Ms. HOULAHAN.

H.R. 2661: Mr. CLEAVER, Ms. KELLY of Illinois, Mr. SMITH of Washington, and Ms. NORTON.

H.R. 2664: Mr. TORRES of New York, Mr. WELCH, Ms. NEWMAN, Mr. COHEN, Ms. BUSH, Ms. MENG, Mr. DEFazio, and Mr. GRIJALVA.

H.R. 2705: Mr. CARL.

H.R. 2709: Mr. TRONE.

H.R. 2717: Mr. WEBER of Texas, Mr. ALLEN, and Mrs. AXNE.

H.R. 2718: Mr. GREEN of Tennessee and Mr. BILIRAKIS.

H.R. 2721: Ms. MATSUI, Mr. MICHAEL F. DOYLE of Pennsylvania, and Mr. WELCH.

H.R. 2724: Mr. O'HALLERAN, Mr. LEVIN of California, and Ms. PORTER.

H.R. 2729: Mr. WILLIAMS of Texas and Mr. CARL.

H.R. 2735: Mr. KHANNA.

H.R. 2748: Mr. VAN DREW, Mrs. MCBATH, Ms. MALLIOTAKIS, Mr. CASTRO of Texas, Mr. JACKSON, Mr. CASE, Ms. MACE, Ms. DELBENE, Mr. MOORE of Utah, Mrs. MILLER-MEEKS, Mr. NORMAN, Mr. WENSTRUP, Mr. ROUZER, Mr. LATURNER, Mr. GARBARINO, Mr. BACON, Mrs. KIM of California, Mr. LANGEVIN, Ms. STRICKLAND, Ms. DEAN, Mr. GOODEN of Texas, Ms. SLOTKIN, Mr. KILMER, Mr. OWENS, Mr. SHERMAN, Mr. WILSON of South Carolina, Mr. JOHNSON of Ohio, Mr. KELLY of Mississippi, and Mr. COLE.

H.R. 2766: Mr. DESAULNIER.

H.R. 2767: Mr. TRONE.

H.R. 2806: Mr. LEVIN of California.

H.R. 2811: Mr. RICE of South Carolina.

H.R. 2813: Ms. CASTOR of Florida.

H.R. 2814: Ms. MENG, Ms. SCANLON, Ms. LEE of California, and Mr. CASTEN.

H.R. 2833: Mr. RUPPERSBERGER and Mr. HIGGINS of New York.

H.R. 2840: Mr. LEVIN of California, Mr. KIM of New Jersey, Ms. JACOBS of California, and Mr. SMITH of Washington.

H.R. 2847: Mrs. MCBATH.

H.R. 2848: Mr. BUCHANAN and Mr. SOTO.

H.R. 2859: Mr. JEFFRIES and Ms. JOHNSON of Texas.

H.R. 2869: Ms. BLUNT ROCHESTER.

H.R. 2893: Ms. LEE of California and Mr. BLUMENAUER.

H.R. 2901: Ms. PORTER.

H.R. 2925: Mr. JOHNSON of Georgia and Mrs. KIRKPATRICK.

H.R. 2926: Mr. BISHOP of North Carolina.

H.R. 2929: Ms. KAPTUR, Mr. LEVIN of California, Mrs. TRAHAN, Mrs. AXNE, Ms. ROSS, and Ms. SHERRILL.

H.R. 2936: Mr. HIGGINS of New York, Ms. NORTON, Mrs. DEMINGS, Mr. SUOZZI, Mrs. AXNE, Mr. VAN DREW, and Mr. DAVID SCOTT of Georgia.

H.R. 2939: Mr. WEBER of Texas.

H.R. 2955: Mr. GOTTHEIMER.

H.R. 2964: Mr. BUDD, Mr. HICE of Georgia, and Mr. STEUBE.

H.R. 2967: Mr. BACON.

H.R. 2968: Mr. FITZPATRICK, Ms. NORTON, Ms. TITUS, and Mrs. KIRKPATRICK.

H.R. 2974: Mr. VICENTE GONZALEZ of Texas, Mrs. LAWRENCE, Ms. SEWELL, Mr. KILMER, Mr. SUOZZI, Mr. SWALWELL, Mr. CASTRO of Texas, Ms. CRAIG, and Mr. VELA.

H.R. 2976: Mr. GRIJALVA.

H.R. 2996: Mr. NORMAN and Mr. PERRY.

H.R. 2997: Mr. BUCSHON.

H.R. 2999: Ms. BONAMICI.

H.R. 3007: Mr. BEYER.

H.R. 3013: Mr. GALLEGO.

H.R. 3014: Mr. CARL.

H.R. 3030: Mr. DESJARLAIS.

H.R. 3035: Mr. ROY.

H.R. 3055: Mr. MAST.

H.R. 3056: Mr. PALLONE.

H.R. 3064: Mr. HICE of Georgia.

H. J. Res. 1: Mr. LEVIN of Michigan, Mr. GOLDEN, Ms. CLARK of Massachusetts, and Mrs. TRAHAN.

H. J. Res. 11: Mr. GREEN of Tennessee, Mr. ROGERS of Alabama, and Mr. FERGUSON.

H. J. Res. 33: Mr. DESAULNIER and Mr. BROWN.

H. J. Res. 35: Mr. GRIJALVA and Ms. NORTON.

H. J. Res. 38: Mr. BEYER, Mr. COHEN, Ms. PORTER, Mr. KILMER, Ms. BROWNLEY, Ms. WILLIAMS of Georgia, and Ms. JAYAPAL.

H. Con. Res. 19: Mrs. TORRES of California.

H. Con. Res. 33: Mrs. LURIA, Ms. TENNEY, Mr. LAMBORN, Mr. GRAVES of Missouri, Mr. CALVERT, Mr. CUELLAR, and Mr. CARL.

H. Res. 32: Mr. THOMPSON of Mississippi, Mr. SAN NICOLAS, and Mr. MCNERNEY.

H. Res. 64: Mr. QUIGLEY.

H. Res. 117: Mr. HICE of Georgia, Mr. COSTA, Mr. HUIZENGA, Mr. ALLEN, Mr. BACON, and Mrs. WALORSKI.

H. Res. 118: Mr. SMUCKER and Mr. CUELLAR.

H. Res. 119: Mrs. MURPHY of Florida, Mr. HIMES, and Mr. RODNEY DAVIS of Illinois.

H. Res. 121: Mr. TRONE.

H. Res. 157: Mr. RUTHERFORD, Mrs. WAGNER, and Mr. DESJARLAIS.

H. Res. 231: Mr. LOWENTHAL and Ms. BROWNLEY.

H. Res. 240: Mr. TRONE, Mr. GOMEZ, Mr. RASKIN, Mr. MEEKS, Ms. JACKSON LEE, Mr. NEGUSE, Mr. RUPPERSBERGER, Mr. BLUMENAUER, and Ms. BOURDEAUX.

H. Res. 268: Mr. PENCE, Mr. JACOBS of New York, Mr. ARMSTRONG, and Mrs. CAMMACK.

H. Res. 289: Mr. TRONE, Mr. MALINOWSKI, Mr. FITZGERALD, Mr. JOHNSON of Ohio, Ms. TENNEY, Mrs. DEMINGS, Ms. STEVENS, Mr. HIGGINS of New York, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. BROWN, Mr. RODNEY DAVIS of Illinois, Mr. STEIL, and Mr. REED.

H. Res. 290: Ms. WEXTON.

H. Res. 305: Mr. DIAZ-BALART, Mrs. MCCLAIN, and Ms. GRANGER.

H. Res. 317: Mr. VARGAS.

H. Res. 341: Mr. RASKIN and Mr. KILMER.

H. Res. 348: Mr. MCCAUL, Mr. CICILLINE, Ms. OMAR, Ms. NORTON, Mr. CHABOT, Mr. WILSON of South Carolina, Mr. ISSA, Mr. BERA, Mrs. WAGNER, and Mr. KEATING.

H. Res. 352: Mr. WILLIAMS of Texas and Mr. HUDSON.

H. Res. 358: Ms. CHU.

H. Res. 361: Mr. BROWN.

H. Res. 362: Mr. CROW.